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ABSTRACT

Citations and abstracts of current journal articles, monographs, conference proceedings, reports, and unpublished documents on the subject of health education are presented. Descriptions of health education programs are included. (JD)

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CURRENT AWARENESS IN HEALTH EDUCATION

CAHE

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CENTER FOR DISEASE CONTROL
BUREAU OF HEALTH EDUCATION
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CURRENT AWARENESS IN HEALTH EDUCATION

JANUARY 1980

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INTRODUCTION

Current Awareness in Health Education (CAHE) is published monthly by the Bureau of Health Education as a dissemination vehicle for the growing body of information about health education. It includes citations and abstracts of current journal articles, monographs, conference proceedings, reports, and non-published documents acquired and selected by the Bureau. CAHE also contains descriptions of programs in health education. These descriptions are prepared from information that is provided by the programs themselves or found in directories, newsletters, and similar sources. To make the information in CAHE timely, only documents published or programs of relevance since 1977 are included.

Copies of each document and supporting documentation for each program description are stored in the Bureau's permanent collection. Users of CAHE are urged to consult local public, medical, and university libraries for individual copies. Sufficient information is provided in the citations to enable users to locate copies or to contact programs.

All persons receiving CAHE are invited to contribute copies of pertinent documents and descriptions of relevant programs for possible inclusion. The Bureau also welcomes any comments on CAHE and suggestions to improve its usefulness. Write or call:

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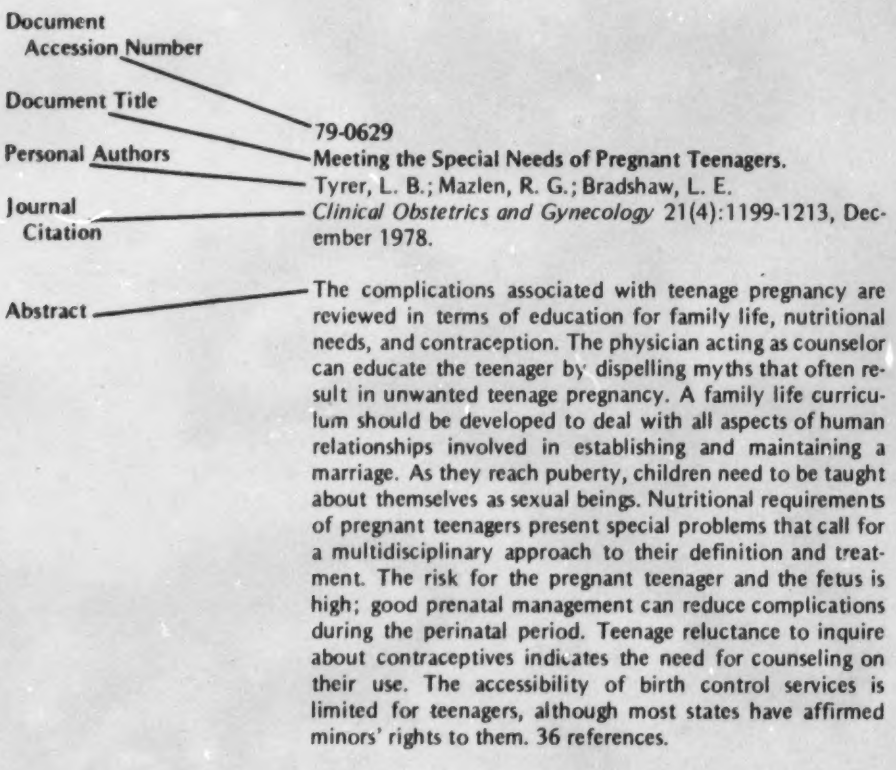
HOW TO USE CAHE

Abstracts of documents and descriptions of programs are arranged in chapters according to their major subject area. Chapter headings are used to group items generally related and include: Community Health Education; Health Education in Occupational Settings; Health Education Methodology; Patient Education; Professional Education and Training; Regulation, Legislation, and Administration; Research and Evaluation; Risk Reduction; School Health Education; Self Care; and Sex Education. The chapter headings reflect active areas in health education as well as major interests of the Bureau of Health Education. To locate specific items of interest, users are encouraged to use the extensive Subject, Author, and Program Title indexes found in the back of each issue.

Within each chapter, citations and abstracts of documents appear first, followed by descriptions of programs. Abstracts with their citations are arranged in alphabetical order by the primary author's name, and descriptions of programs are arranged in alphabetical order by the title of the program.

Each document and program description has a unique accession number. Accession numbers of documents consist of a two-digit prefix indicating the year of publication in CAHE and a four-digit number indicating the publication sequence of the document. For example, 79-0022 indicates the 22nd document appearing in CAHE in 1979. Program accession numbers have a similar format with a "P" added following the year to indicate program, e.g., 79P-0025 indicates the 25th item published in CAHE in 1979, and that the item is a program.

Each document is uniformly identified and described by the elements labeled in the sample below:


Document Accession Number
79-0629
Document Title
Meeting the Special Needs of Pregnant Teenagers.
Personal Authors
Tyrer, L. B.; Mazlen, R. G.; Bradshaw, L. E.
Journal Citation
Clinical Obstetrics and Gynecology 21(4):1199-1213, December 1978.
Abstract
The complications associated with teenage pregnancy are reviewed in terms of education for family life, nutritional needs, and contraception. The physician acting as counselor can educate the teenager by dispelling myths that often result in unwanted teenage pregnancy. A family life curriculum should be developed to deal with all aspects of human relationships involved in establishing and maintaining a marriage. As they reach puberty, children need to be taught about themselves as sexual beings. Nutritional requirements of pregnant teenagers present special problems that call for a multidisciplinary approach to their definition and treatment. The risk for the pregnant teenager and the fetus is high; good prenatal management can reduce complications during the perinatal period. Teenage reluctance to inquire about contraceptives indicates the need for counseling on their use. The accessibility of birth control services is limited for teenagers, although most states have affirmed minors' rights to them. 36 references.

The source from which a document cited in CAHE is available to the public may be given as the last element in the citation. The most commonly cited sources and their acronyms are listed below. Price information may be obtained from the supplier at the address given by specifying the order or stock number of the document and the form, hard copy or microfiche, desired. If the document is available from a source other than those listed, such as directly from the author, the address will be given on the availability line.

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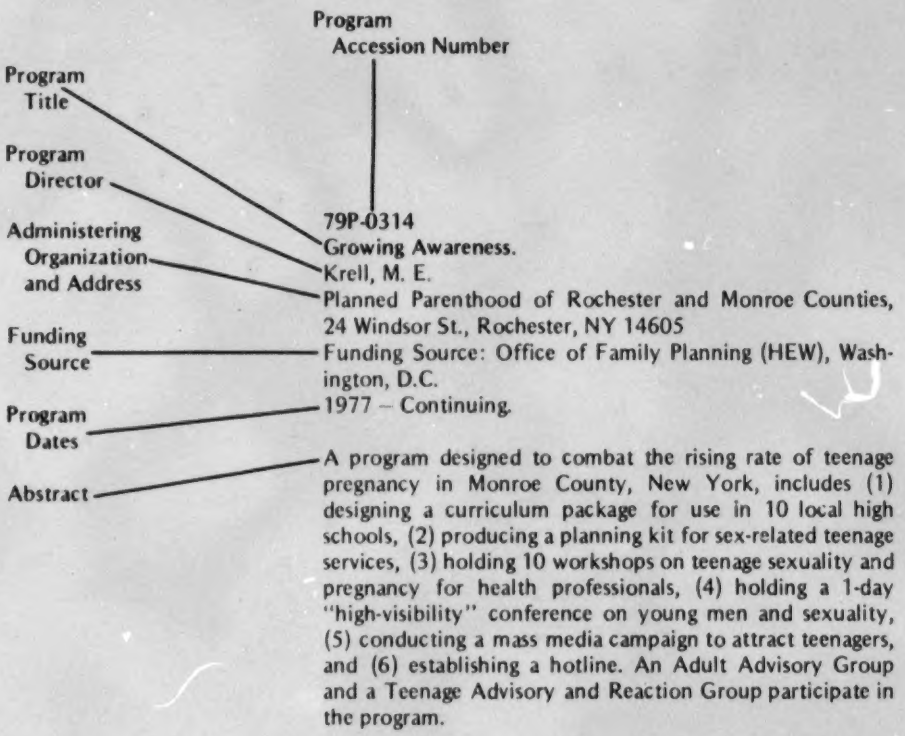
Each program description is uniformly identified and described by the elements labeled in the sample below:


Program Accession Number
Program Title
Program Director
Administering Organization and Address
Funding Source
Program Dates
Abstract
79P-0314
Growing Awareness.
Krell, M. E.
Planned Parenthood of Rochester and Monroe Counties, 24 Windsor St., Rochester, NY 14605
Funding Source: Office of Family Planning (HEW), Washington, D.C.
1977 – Continuing.
A program designed to combat the rising rate of teenage pregnancy in Monroe County, New York, includes (1) designing a curriculum package for use in 10 local high schools, (2) producing a planning kit for sex-related teenage services, (3) holding 10 workshops on teenage sexuality and pregnancy for health professionals, (4) holding a 1-day "high-visibility" conference on young men and sexuality, (5) conducting a mass media campaign to attract teenagers, and (6) establishing a hotline. An Adult Advisory Group and a Teenage Advisory and Reaction Group participate in the program.

CAHE contains three indexes. They are: (1) Author, which contains the names of personal and corporate authors of documents and directors of programs; (2) Subject, which contains subject descriptors, including geographic location, for both documents and programs; and (3) Program Title, which contains names of programs described both in documents and in program descriptions.

COMMUNITY HEALTH EDUCATION

80-0001
Teen Clinics Get Good Rating in HEW Survey; Teens Want Confidentiality, Treatment as Adults.
Family Planning Perspectives 11(4):248, 250-251, July-August 1979.

The family planning clinics which serve more than 1.3 million U.S. teenagers each year are, by and large, clean, attractive, affordable, and, at least in urban areas, accessible. One-third of the clinics provide special facilities for teenagers, most of whom are under age 16. Preappointment waiting, fear concerning confidentiality, and fear of the effects of birth control constitute the chief frustrations among the clientele. Community attitudes create a barrier to outreach programs at half of the sites, and staff at one-third consider community attitudes a serious barrier to their functioning (Spanish communities form the strongest opposition). Informal advice by friends accounts for 69 percent of referrals to the clinics. Nine of ten parents desire teen counseling such as is offered at the clinics, and the same proportion desire sex education in school. Although most parents and teens state that sex education has been taught in community schools, both groups voice complaints about narrow or shallow courses that are offered too late to be effective. Both clinic staff and parents desire increased parental education and involvement in these matters. Concerning parental consent, however, parents lag far behind both staff and teenagers in the desire to place decisions concerning contraceptives and abortion into the hands of the teenagers. 1 reference.

80-0002
Savannah's Health Care Community Unites to Fight Hypertension Battle.
Urban Health 8(5):40-44, 53, June 1979.

In Savannah, Georgia, often described as 'the hypertension capital of the nation,' a broad community coalition of health professionals and volunteer groups is attempting to reduce the risk of cardiovascular disease. The 10-year-old committee employs a largely volunteer staff in screening sites throughout the city and has mounted efforts toward improved stroke rehabilitation services, extensive research into possible environmental causes, and public education. The organization's 132-member roster reflects an involvement by virtually all segments of the community and a cross section of the health profession. Though it initially received some physician resistance due to fears that it might incite panic, doctors now support the program whole heartedly, even referring their patients to screening sites. Since its inception, the coalition has screened 72,000 residents, finding a 30 percent incidence of hypertension. The program receives $125,000 each year from the state with the remainder of the $180,000 annual budget coming from local businesses, the CETA program, local foundations, and individual gifts. Screening is free, but treatment is provided on a sliding scale fee basis. The coalition's educational component includes media articles, public service announcements, community information presentations, and public school education and screening programs. During the coalition's tenure the area has experienced a 38 percent decline in stroke deaths.

80-0003
The Resource Link.
Brieger, W. R.
International Journal of Health Education (Geneva) 21(3):162-167, 1978.

Consumer or neighborhood groups attempting to meet their needs may find that they lack certain resources such as money, materials, technical skills, and knowledge, or access to the policy-making process. Health educators can fill this gap by linking the consumers with resource bodies or agencies. In order to accomplish this link, educators must see both the consumers and the resource simultaneously as clients, requiring the exercise of skills in community and organizational change. Educators also should have prior relationships with both clients. As encouragers, educators expedite favorable changes the consumers have chosen for themselves. As consultants, they aid the resource to see and diagnose internal problems and generate solutions. Consumers will become aware of their needs and desirous of meeting them, informed of the resource and receptive to its support, eligible for services and organized to use them, and both articulate and assertive to guarantee the link will carry through. Likewise, the resource becomes aware of its abilities to give assistance and sensitive to the needs of consumers. With these qualities, both parties can operate from positions of mutual strength. 7 references.

80-0004
Alcohol Abuse in the Black Community.
Harper, F. D.; and Dawkins, M. P.
Black Scholar 8(6):23-31, April 1977.

Alcohol abuse is the major health and social problem of the black community. Black drinkers tend to do their drinking on the weekends at parties, in the streets, at home, and at clubs or taverns. Rural blacks drink on holidays, weekends, and during the "off season." Epidemiological studies indicate that communities with high rates of heavy drinkers tend to have high rates of health and social problems. Approximately 80 percent of the homicides involving blacks are alcohol related. Liquor stores and bootleg dealers permeate the black community and use of liquor has become integral to community activities. The apparent 'naturalness' of alcohol abuse has led to a feeling among blacks that no problem exists. Even black researchers, community leaders, and professional service workers seem insensitive to the problem; a survey of black journals over a 25-year period reveals only five articles on blacks and alcohol. Black churches, religious organizations, community leaders, educators, and others must support programs directed primarily at alcoholism among blacks if these problems are to be solved. 35 references.

80-0005
Organizational Leaders Grapple With Nutrition Education Issues.
Koncel, J. A.
Hospitals 52(11):95-98, June 1, 1978.

The leaders of four food service organizations met recently in Chicago to exchange information about nutrition education. At the outset the group reemphasized their desire to hold a second White House Conference on Food, Nutrition, and Health. Nutrition education activities discussed by group presidents included: (1) the American Dietetic Association's book, aimed at a lay audience, which discusses the relationship between nutrition and health; (2) the American School Food Service Association's work with the government to provide full funding for the nutrition education component of the School Lunch Program; (3) the career development program, initiated by the National Association of College and University Food Services, which intends to assess the needs of food service professionals and to promote educational programs; and (4) the American Society of Hospital Food Service Administrators' hospital-based programs on nutrition education, which include classes and newsletters directed at both professionals and patients. Monetary and manpower support received from national activities, such as Nutrition Week, School Lunch Week, and Hospital Week, were reviewed, and collaborative efforts with other community resource agencies were emphasized. The group voted to develop a two-member committee to provide information on existing publications, activities, and teaching techniques, and to make proposals for nutrition education.

80-0006
Multicultural Perspectives on Drug Abuse and Its Prevention; A Resource Book.
Messolonghites, L.
Rockville, Md., National Institute on Drug Abuse, Prevention Branch, DHEW Publication No. (ADM) 78-671, 149 pp., 1979.

An overview is presented of the drug orientation of native Americans, Asian Americans, Pacific Islanders, Blacks, Chicanos, Puerto Ricans, children, youth, women, and those persons living in depressed areas or stressful situations who appear vulnerable to drug abuse. Prevention of drug abuse among these groups has involved strategies for information dissemination, education, alternatives, and intervention. A sampling of innovative prevention programs reveals a variety of strategies that are popular in multicultural communities. The Pyramid Project has served as a resource-sharing network for drug abuse prevention for about 3 years. Requests to Pyramid for technical assistance to multicultural programs include program development, materials and resources to restore ethnic and cultural pride and for relearning ancestral skills and folkways, peer leadership and counseling training, alternatives to drugs, values clarification, and parenting. Another innovative program, Operation Lifestyle, a Canadian program, goes beyond addiction prevention into the realm of promotion of good health habits. Originally developed in English and French, the program has been implemented internationally. An information and education resource guide lists literature for, by, and about cultural and ethnic groups; multimedia materials; sources of children's folklore for storytellers; Spanish language materials; periodicals about drugs; publishers and booksellers; federal sources; and miscellaneous sources.

80-0007
Encouraging Trends in High Blood Pressure Control.
National Heart, Lung, and Blood Institute (DHEW, NIH), Bethesda, Md. National High Blood Pressure Education Program.
Occupational Health Nursing 26(5):21-22, May 1978.

The decline in death rates due to high blood pressure-related diseases since 1972 can in part be attributed to increased public awareness stemming from the efforts of the National High Blood Pressure Education Program founded in that year. Yet, more can be done: as many as two-fifths of those who are aware of their hypertensive condition are not treating it or fail to treat it properly. Four commonly held misconceptions contribute to this failure: (1) cure is often confused with control, yet high blood pressure is rarely cured; (2) high blood pressure has no

symptoms, hence people do not actually feel the need for medication; (3) hypertension is often confused with tension, and people often take their medication only when they feel stressful; and (4) patients often think that compliance to one form of the prescription reduces the need for compliance to another, e.g., patients assume that increased exercise precludes the need to take medication. May is High Blood Pressure Month, characterized by an interdisciplinary effort to reemphasize public education.

80-0008
Nutrition Education and SITE Telecasts.
Ramadasmurthy, V.; Rao, D. H.; Clarence, I. D.; and Balasubramanian, S. C.
International Journal of Health Education (Geneva) 21(3):168-173, 1978.

A questionnaire survey covering some selected nutrition-oriented telecasts transmitted under the Satellite Instructional Television Experiment (SITE) program was conducted in four villages near Hyderabad, India. A pretelecast survey covered over 370 women of child-bearing age. A followup survey of two telecasts revealed poor attendance for the target population, largely due to the inconvenient timing of the programs; the bilingual character of the transmissions, which appeared to have dampened the initial enthusiasm of the communities; and the inconvenient location of the television center. A similar survey among school children in the third through ninth grades in these villages showed that the level of retention of the contents of the nutrition-based telecasts was independent of both the topic of the telecast and the child's grade level. To ensure success, future efforts should incorporate: (1) closer cooperation between television producers and subject specialists providing background information; (2) research into the needs and aspirations of the target population in order to suit the production to the subjects; and (3) development of an infrastructure to provide extension support in the nature of a reinforcement through interpersonal communication. 8 references.

80-0009
Establishing a Rural Child Abuse and Neglect Treatment Program.
Sefcik, T. R.; and Ormsby, N. J.
Child Welfare 57(3):187-195, March 1978.

The implementation of prevention and treatment programs aimed at child abuse and neglect in rural areas presents special problems. Project Children, a rural child program serving a five-county area in southcentral Indiana, set out to: (1) become visible in the community through establishment of child abuse councils throughout the area; (2) become acquainted with influential persons within the community who might be recruited to aid the program; and (3) determine community attitudes toward child abuse and neglect. A multidisciplinary hospital child protection team was developed which included a pediatrician, a Department of Public Welfare worker, a psychologist, a police officer, an emergency room nurse, a pediatric nurse, public health nurse, and an attorney. A hospital protocol was devised for reporting cases of suspected abuse. Parent aids were recruited at meetings of various civic groups and a five-session training program was given to 42 volunteers on the role of the parent aide, dynamics of child abuse, high-risk indicators, crisis intervention, child abuse from the child's perspective, working with the parent, legal aspects, and confidentiality. The community education component of the program involved an outreach effort to instruct residents on abuse etiology and identification, Indiana child abuse law and reporting procedures, and child and family advocacy. In the area of prevention, the initial focus was on: (1) a child-care facility to serve 0-6-year-olds; (2) a parenthood course in the junior and senior high school curriculum; and (3) a nine-session program directed at families in which abuse was a problem. 4 references.

80-0010
Evaluation of a Genetic Disease Education Program for Tay-Sachs Screening.
Tatar, S. E.; and Caskey, C. T.
In: Tay-Sachs Disease: Screening and Prevention; Based on the First International Conference on Tay-Sachs Disease, Screening and Prevention, Palm Springs, California. Kaback, M. M., ed. New York, Alan R. Liss, Inc., pp. 367-374, 1977.

In Houston, a 9-month prospective study was designed to evaluate the efficacy of the educational component of a Tay-Sachs screening program. Information about the program was disseminated by television, radio, direct community mailing, Jewish and local press, physician education, and organizational communications. A questionnaire on the educational component of the program mailed to 450 subscribers of a local Jewish newspaper revealed that: (1) objective knowledge of Tay-Sachs disease and related genetic conditions increased significantly due to the educational effort which accompanied promotion of screening; (2) ethnic and local press constituted the most effective channels by which members of the community could be reached; (3) screened respondents were better informed than nonscreened respondents; (4) screened respondents were inclined to be tested for genetic diseases that could not be treated; (5) screened re-

spondents were less inclined to alter family planning in response to the discovery that they were carriers; (6) screened respondents were more educated than their nonscreened counterparts; and (7) screened respondents were usually of reproductive age, while nonscreened respondents were usually older. Though the study demonstrated that such programs contribute to the community's knowledge of the disease, attitude changes could not be demonstrated due to the equal receptiveness of pre- and postprogram groups to most aspects of genetic screening. Future studies should include more rigorous followup of nonrespondents to offset the bias of self-selection which characterized this study. 6 references.

80-0011
Poison Prevention: It's Not Just a One-Week Effort.
Williams, R. L.
American Pharmacy NS19(2):21-24, February 1979.

Pharmacists can play a critical role in poison prevention education and in developing poison prevention programs. Although warning symbols and child-resistant packaging are helpful in combatting accidental poisoning of children, they can only go so far toward substantially reducing or eliminating accidental poisonings. Parents must be prepared to cope with an emergency. Syrup of ipecac is the best remedy for the ingestion of harmful substances, except corrosive ones, and all parents with young children should be encouraged to keep it in the home. In addition, parents should be encouraged to poison-proof the home by keeping all potentially harmful substances out of the reach of children. A list of poison prevention activities recommended for the pharmacist is included.

80-0012
Research Priorities in Asian-American Mental Health Delivery.
Yamamoto, J.
American Journal of Psychiatry 135(4):457-458, April 1978.

Statistics from Hawaii, Los Angeles, and Seattle show that Asian-Americans under-utilize mental health services. This fact suggests that more research is needed on the effects of such mental health delivery factors as language differences, familial reaction, community education, cultural changes, cross-cultural misdiagnosis, and therapeutic method. With the increased availability of bilingual Asian mental health investigators, the mystique associated with Eastern cultures may be reducible to quantifiable data that can contribute to a rational therapeutic approach for Asian communities. 8 references.

HEALTH EDUCATION IN OCCUPATIONAL SETTINGS

80-0013
Hazards in the Hospital: Educating the Workforce Through Its Union.
Brown, M. P.
American Journal of Public Health 69(10):1040-1043, October 1979.

The hospital workforce is exposed to many occupational hazards of which most hospital workers are unaware. Two California State Department health educators conducted occupational health and safety educational sessions for the membership of a hospital workers' union. These sessions taught nonprofessional workers how to recognize and eliminate hospital hazards and informed workers of their legal rights under the California Occupational Safety and Health Act. Initially, the union health and safety officer had to be convinced of the skills and information which would be of benefit to the union. Once that hurdle was crossed, some difficulty in conducting an adequate needs assessment and including the target population in the planning of the educational sessions was encountered. Two series of educational sessions for rank-and-file members were conducted and were enthusiastically received by those attending, with a request for more sessions. 7 references.

80-0014
Health Management Program at Kimberly-Clark Corporation.
Dedmon, R.
Health Education 10(4):7, July-August 1979.

In addition to the conventional benefits of medical and hospitalization insurance, the Kimberly-Clark Corporation offers a Health Management Program designed to help employees stay well, one of the most complete programs in total health care anywhere. Special emphasis is given to the development of cardiovascular fitness. A multiphasic testing and physical fitness facility with a 100-meter running track, Olympic-size pool, exercise equipment, sauna, and whirlpool, employing a 15-member staff, was constructed adjoining one of the corporation's office buildings. Employees complete a 40-page medical history, take a series of laboratory tests, and are given a complete physical examination, after which an assessment is made by a staff member and health promotional activities are suggested. The program is intended to improve productivity, reduce absenteeism, and curb mounting costs of medical insurance. Computerized employee medical his-

tories and a comparison of hospitalization costs between program participants and a control group will be used to determine program effectiveness.

80-0015
The Health Educator as Industrial Health Consultant.
Everly, G. S., Jr.; and Girdano, D. A.
Health Education 10(4):11-13, July-August 1979.

Considering the role of occupational stress in mental and physical disease, lowered productivity and creativity, higher medical and insurance expenses, and increased prices of goods, there is much that the health educator can do to reduce on-the-job stress. Yet, an informal survey of health educators indicates that few are entering the occupational health field. The Organizational Stress Audit (OSA) is a program designed as a stimulant for health educators to develop their own area of expertise as applied to business and industry, and to provide a model for the development of graduate programs in occupational health. The OSA is a holistic approach consisting of organizational stressor diagnosis, design and implementation of in-house stress management installations, and monitoring and followup. Aspects of the work environment contributing to stress are diagnosed through attitude surveys, personal interviews, process observation, and a stress analysis of key personnel. Intervention might consist of changes in communication networks or alteration of job functions, in-house counseling, meditation, architectural alterations, biofeedback installations, stress management seminars, and programmed exercise. Followup might consist of periodic stress surveys, interviews, or electrophysiological assessment. Ultimately, the original investment in occupational stress management is recovered through increased employee productivity. 5 references.

80-0016
The Standardized Test of Fitness in Occupational Health: A Pilot Project.
Jette, M.
Canadian Journal of Public Health (Ottawa) 69(6):431-438, November-December 1978.

During the summer of 1977, the Canadian Public Health Association administered a nation-wide study to evaluate a standardized test of fitness protocol in occupational health. The final experimental protocol and sequence of testing employed in the study were: (1) completion of a personal data questionnaire, screening of the subjects by the Par-Q questionnaire, and signing of a testing consent form; (2) taking of anthropometric measurements; (3) administration of the Canadian Home Fitness Test to measure maximal oxygen consumption; and (4) taking of strength and muscular endurance measurements. A technical operations manual was published to outline procedures of the tests and a fitness assessment report booklet was prepared to provide subjects with test results. Volunteers from 80 companies participated in the study for a total of 12,000 subjects. The test battery proved to be a potent tool in motivating and counseling subjects to initiate physical fitness programs. Moreover, the sample population represents a cross section of working class persons, allowing the study's classification charts to be used profitably in evaluating the components of fitness that the tests measure. Certification programs and more emphasis on fitness testing and related subjects at the undergraduate level seem highly desirable to enhance the quality of the testing personnel. Finally, it seems that there will be continual disagreement as to which tests should comprise a field test of fitness. 19 references.

80-0017
Health Education in Industry.
Kawata, C.
Social Science and Medicine (Oxford) 12A(6):545-549, November 1978.

A brief history of industrial health and industrial health education in Japan is provided, noting that industrial health education is less advanced than community health education. There is no education specialist nor any independent section of health education in industry. Movements to promote industrial health by health education have been conducted for many years. Before the establishment of the Factory Act of 1916, industrial health education was mainly practiced on an inter-administration basis or inter-medical profession basis. After the enactment of the Act, independent movements for safety and health gradually grew among physicians and chief clerks in certain enterprises, but these movements were halted during World War II. Health education was beginning to be regarded as a legitimate aspect of industrial health care after the end of the war in 1945, and the significance of health education is now recognized. 29 references.

80-0018
Proceedings of the National Conference on Health Promotion Programs in Occupational Settings, January 17-19, 1979.
McGill, A. M., ed.
Washington, D.C., Public Health Service (DHEW), Office of Health Information and Health Promotion, 38 pp., 1979.

The 3-day Conference on Health Promotion Programs in Occupational settings was a significant step toward harnessing the efforts of public and private sectors in developing and implementing health promotion programs at the worksite. A health promotion program must include two components: (1) a component to assess the mortality and morbidity risks through an appraisal tool which is linked with a risk reduction program; and (2) a risk reduction component. Seven health promotion topics received attention: nutrition and weight control, hypertension control, alcohol and drug abuse control, stress management, smoking cessation, fitness and exercise, and accidents and self-protective measures. The conference outlined major health problems related to these areas as well as strategies, techniques, and approaches which have been developed and utilized at the worksite to combat these problems. A discussion of issues included: (1) questions concerning program design, goals, and target populations as well as available resources and time; (2) the purpose and elements of information systems; (3) mechanisms of collaboration between labor and management; (4) support by private physicians; (5) elements of successful evaluation components; and (6) measurement of the cost effectiveness of a program. A roster of participants and a bibliography of papers presented at the conference are included.

80-0019
Impact of New Smoking Trends on Women's Occupational Health.
Mushinski, M. H.; and Stellman, S. D.
Preventive Medicine 7(3):349-365, September 1978.

An extensive review of the literature on health problems and needs of females, particularly of working women, in relation to cigarette smoking and its effects, is presented. Smoking is shown to exert effects on females similar to those it exerts on males in regard to those cancers which are generally related to tobacco use. Various occupational exposures such as exposure to asbestos, known to act in synergism with tobacco as a carcinogen, are potential hazards to the working woman. Heart disease is another potential health problem for the working or smoking woman, as it is for males. In addition, other occupations formerly thought of as "benevolent," such as office work, have been known to present health hazards. As women smoke more and take on more jobs traditionally filled by men, they will face more health hazards. Closer monitoring and assessment of health status of women in the work force is necessary to ensure that conditions in the workplace are not detrimental to good health. 69 references.

HEALTH EDUCATION METHODOLOGY

80-0020
Health Education of Young People: WHO-EURO Working Group Presents Series of Recommendations.
International Journal of Health Education (Geneva) 21(3):205-207, 1978.

Upon recommendation by the World Health Assembly, the World Health Organization's (WHO) Regional Office for Europe arranged a Working Group on Health Education of Children and Young People in collaboration with the Republic of Ireland. For children up to 5 years of age, the group recommended emphasis on self-identification and personality growth; identification by a process of consultation of health-related issues and of educational goals derived from these issues; identification of the health education function of each group, organization, and profession; and development of a strategy for initiating and implementing health education services. For children aged 6 to 16, the group recommended more communication between services which these children are relying upon more often; additional health education staff with coordinating functions at the central level; improved measures of effectiveness and methods of evaluation; recognition of the heterogeneity of this group; and participation of the young in program formulation and implementation. For persons aged 17 to 25, the group recommended recognition of the importance of felt and real needs; concentration on counseling in personal relationships and career choices; removal of barriers such as vested professional interests, questions of status and autonomy, and outdated curricula; and research into the informal influences that shape this group's behavior. Legislation can play a decisive role in the promotion or limitation of these recommendations.

80-0021
Educator's International Guide to Free and Low Cost Health Audio-Visual Teaching Aids.
Long Island City, N.Y., Pharmaceutical Communications, Inc., 312 pp. 1979,

A source guide lists low-cost (maximum $16.00), health-related audiovisual materials for professionals, allied health personnel, and the general public.

80-0022
Health Education of Children and Young People.
WHO Chronicle 32(9):333-334, September 1978.

Suggestions for a multidisciplinary approach to health education of children and young people are presented in the context of attention to specific age groups: (1) for children age 0-5, parents play the essential role. Awareness and identification of the self and growth of the infant's personality in relation to the social environment are among the most important features of development; (2) for children age 6-16, prepuberty topics include accident prevention, cleanliness, exercise, and preparation for puberty; puberty and post-puberty topics include sex education and preparation for family life, and education about smoking, drugs, and alcohol; (3) for young people age 17-25, topics include personal relationships, job prospects, and careers. Rapid social change often creates insecurity for this age group, hence the most important aspects of health education attempt to improve the degree of personal responsibility. Unique problems for health education exist for each age group. Overall, legislation could play a major part in promoting or limiting the integration of health education services for children and young people.

80-0023

"Alafia" -- The Yoruba Concept of Health: Implications for Health Education.

Ademuwagun, Z. A.

International Journal of Health Education (Geneva) 21(2):89-97, 1978.

Alafia, the concept of health of the Yoruba-speaking people of Nigeria, embraces the totality of an individual's physical, social, emotional, psychological, and spiritual well-being in the total environmental setting. According to the Yoruba, a person can be sick in two mutually inclusive ways: physical sickness and socio-psychological sickness. Yoruba diagnosis consists of a holistic approach using subjective evidence offered by the sick individual and clinical evidence from observations by traditional healers of biological, social, cultural, psychological, spiritual, and supernatural evidence. Acceptable treatment must encompass all these aspects. Problems of personal and environmental sanitation are viewed as problems in aesthetics and in the maintenance of a well-integrated social whole. Orthodox and traditional healing processes appear complementary to the Yoruba; the former deals with the individual person as patient, while the latter deals with the patient in the total environmental setting. With these precepts in view, the orthodox health worker should concentrate on: (1) demonstrating to the health consumer the value of orthodox services over the traditional approach; (2) devising of strategies for assisting the consumer to take advantage of orthodox services; (3) devising measures to encourage consumers to take correct dosages of prescribed drugs; (4) emphasizing the dangers of self-initiated medication; (5) helping consumers to discriminate between services provided by health personnel and pharmacists; (6) discouraging simultaneous usage of orthodox and traditional medicinal drugs; and (7) devising strategies to assist hard-to-reach patients. 7 references.

80-0024

The Nurse Practitioner and Hypertension Control: A Pilot Study.

Brown, E.; and Bloom, J. R.

Evaluation and the Health Professions 2(1):87-99, March 1979.

The nurse practitioner, whose role has been established in providing medical treatment for hypertension, also has a role in alleviating social stresses. A study of patients of a health center in a predominately black, low-income community examined the effectiveness of using nurse practitioners as followup agents. Nurses were found to possess acute abilities in recognizing patients' most stressful situations. Nurse practitioner intervention consisted of the suggestions agreed upon by both nurse and patient as suitable for relieving the stressful life event by the patient's direct action. Results reveal that modifiable events were more likely to be the sources of a high degree of stress than were events for which modification was not under the patient's control. While none of the patients who did not comply with the prescribed course of action reported modification of their stressful life situations, 50 percent of those who did comply reported a reduction in the stress caused by life events. Finally, a statistically significant relationship was noted between stress reduction and blood pressure reduction. Removal of social obstacles appears to be important in controlling hypertension, particularly among blacks. Further tests with large sample populations could move further in demonstrating the value of nurse practitioners in helping patients deal with stressful situations. 17 references.

80-0025

Producing Low-Cost AV's: A Workbook for Health Professionals and Others Developing Their Own Educational Materials.

Emory University, Atlanta, Ga.

Regional Training Center for Family Planning. Atlanta, Ga.

103 pp., (197-).

Practical advice for those who wish to develop low-cost audiovisual aids is presented. Instruction on format decisions, cost justifications, production schedules, and evaluation techniques is followed by basic information on:

(1) purchasing easy-to-operate equipment for multiple uses; (2) use of basic tools and techniques to design art work for printed materials, displays, and projected media; (3) layout of simple printed materials for use by a printer; (4) photography art work and "live situations" for print and screen; (5) taping messages and creating scripts for sound and slide programs; (6) design of effective educational exhibits; and (7) management of a 16-millimeter film collection. The latest developments in video cassettes and super-8 films are reviewed and sources of further suggestions in audio-visual production are listed.

80-0026
Health Education as Freeing.
Greenberg, J. S.
Health Education 9(2):20-21, March-April 1978.

The goal of the health educator should be to free people to make health-related decisions based on their own needs and interests. The "freeing" process would eliminate or diminish feelings of inferiority, hostility, and alienation; socioeconomic status differentiation; and emotional distress. If this view of health education as a freeing process were supported, health educators would not be concerned with the particular behavior of their clients but rather with the process used by their clients to arrive at that behavior. This model is considered democratic because it does not entail programming clients to behave in predetermined ways, but rather attempts to eliminate or diminish impeding factors so as to allow clients to freely choose health-related behaviors consistent with their values and needs. The objective of the health educator should be to improve self-esteem, decrease alienation, help students realize the effects of peer group pressure, and acquire health knowledge and skills. 9 references.

80-0027
Gaming-Simulation and Health Education: An Overview.
Greenblat, C. S.
Health Education Monographs 5(Suppl. 1):5-10, 1977.

Constructing a simulation model entails abstraction and representation from a larger system in terms of process as well as structure; central features are identified and simplified, less important elements are omitted from the model. In medical and health education, simulation enables learners to practice in an environment where mistakes are not costly, such as with simulated patients. Gaming simulation incorporates role playing into a defined system of interaction simulating a real world system and is characterized by the degree of structure of the roles and the focus on role interactions. Employment of gaming simulation is embryonic in health education. Examples discussed concern problems of aging, hemophiliacs, and the dying; teaching interpersonal skills in psychiatric nursing; and interactions of health care systems with their communities. 8 references.

80-0028
Altered States of Consciousness: A Form of Death Education?
Hine, V. H.
Death Education 1(4):377-396, Winter 1978.

Some forms of radically altered states of consciousness result in adaptive changes in attitudes and perceptions concerning death. These states constitute a form of education for facing one's own death. The final stages of the dying process are experienced in an altered state of consciousness due to little-known psychological, physiological, or drug-induced changes. This state can be triggered by drugs, physiological trauma, or mental and spiritual disciplines. Many social scientists involved in death research assume the humanist "extinction" theory, feeling so secure in this notion that they do not question the possible imbalance in their selection of research areas or the probable bias in their interpretation of data. Whether one assumes the "extinction" theory or a theory which views death as a transition to another state of consciousness, some alteration in consciousness is involved in the process of dying. Thus, it would seem that further exploration of altered states of consciousness would be useful both as preparation for one's own dying and as a means of insight into the kind of encouragement and support needed by those in whose dying we are likely to participate. 25 references.

80-0029
Health Education Literature. (Letter).
Kornacki, M. J.; and Frazen, L. E.
Pediatrics 60(5):789, November 1977.

Several successful patient education programs exist which support the approach integrating behavioral and social science theory with practice, occasional citations of evidence to the contrary notwithstanding. Health education is a process with intellectual, psychological, and social dimensions relating to activities which increase the abilities of people to make informed decisions affecting their personal, family, and community well-being. Health education research should be guided by a sound conceptual framework, founded in adequate design, and applicable to the health care system. A collaborative effort between

health educators and pediatricians would be highly beneficial to both professions, encouraging advances in both and producing research which is conceptually sound and which has practical application for promoting and maintaining health. 1 reference.

80-0030
Remarks on Receiving Eleanor Naylor Dana Award.
Lalonde, M.
Preventive Medicine 7(4):514-518, December 1978.

In order to realize in other areas of health maintenance the advances which have characterized the area of medical services delivery, proponents of the health field concept divide health care into four principal elements: human biology, environment, lifestyle, and health care organization. This approach raises the first three elements up to equal status with the fourth, provides a comprehensive picture of the health field, permits a system of analysis by which any health question can be examined to assess the interaction of the four elements, and gives a new perspective to the health field to free creative minds from the bonds of traditional thinking. Major achievements of the health field concept have been in the realm of attitudes. Sports participation has become a fundamental component of more Canadians' lives; 59 percent of the population aged 14 years or over participated regularly in at least one strenuous activity in 1976. Lifestyle-induced deaths from several causes, including smoking, have decreased. In addition, expenditures by Canadians on health care have declined from 7.3 percent of the gross national product in 1971 to 6.9 percent in 1977, yet improvement in service delivery and the control of hospital costs are still needed. Finally, the replacement of the shared-cost or conditional-cost grant formula as the basis of Canadian public health insurance schemes with a different form of funding to allow the provinces to fully control service delivery has provided centralized control to promote effective and efficient delivery.

80-0031
International Health Technology Exchange -- A Multidirectional and Multidisciplinary Road.
Neumann, A. K.; Carlson, D. M.; Lourie, I. M.; and Prince, J. S.
Royal Society of Health Journal (London) 99(3):114-119, 126, June 1979.

A historical review of international health technology exchange suggests 10 principles underlying this process and offers examples of their successful application. The principles include: (1) an emphasis on prevention; (2) a multidisciplinary and integrated organizational approach; (3) active community participation; (4) use of paraprofessional personnel; (5) training of professionals, paraprofessionals, and administrators in preventive and curative measures and in teamwork; (6) an emphasis on health education; (7) infrastructure development and program management; (8) an emphasis upon evaluation of the cost effectiveness and impact of services; (9) legislation disseminating authority for health systems; and (10) coordination and cooperation among assisting organizations. The Gondar Public Health College and Training Center in Ethiopia, which was successful in training badly needed paraprofessionals, offered a three-curricula interdisciplinary approach, core courses taken by all students to promote the team concept, several rural extension centers, and a special evaluation component which allowed corrective feedback. The Gondar Project, as well as the Danfa Comprehensive Rural Health and Family Planning Project, aimed at assisting the Ghanian government in identifying ways to increase the effectiveness of primary health care, offered valuable models of cost-effective designs to the U.S. when it began to feel an economic pinch. 46 references.

80-0032
Health Education in Leprosy: The Problem of Overcoming Fear and Misconceptions.
Phillips, M. A.
International Journal of Health Education (Geneva) 21(2):130-136, 1978.

Though conservative estimates place the number of lepers in the world between 10 and 12 million, fear and misconceptions have limited the number registered to approximately 2.9 million. Officials at all levels in Uganda contribute the low reporting rate to public fears regarding the contagion of the disease and to the public's desire to ostracize the victim. Ugandan efforts to allay fears and correct misconceptions surrounding leprosy include: (1) consolidation of leprosy treatment facilities with facilities for the treatment of other ailments to reduce the mystery that has become attached to leprosy; (2) requisite attendance by all medical students at a 1-week course on leprosy to enhance the rate of early diagnosis of the disease; (3) institution of similar courses for other health professionals; (4) evaluation of health personnel through a questionnaire survey; (5) implementation of public education programs to inform the populace on the cause, cure, and communicability of the disease; (6) education of patients in secondary prevention techniques; (7) education of families during home visits by health assistants; and (8) education of community leaders by local senior leprosy workers. The Ugandan effort demonstrates the value of education in the battle against leprosy. 12 references.

80-0033
Public Education and Genetic Counseling in Tay-Sachs Screening Programs.
Scotch, N. A.; and Sorenson, J. R.
In: Tay-Sachs Disease: Screening and Prevention; Based on the First International Conference on Tay-Sachs Disease, Screening and Prevention, Palm Springs, California. Kaback, M. M., ed. New York, Alan R. Liss, Inc., pp. 339-345, 1977.

In order to design a successful Tay-Sachs screening program, planners must identify the key actors, their roles, the typical screening scenario, and the problems that may arise due either to departures from the script or to unanticipated obstacles or consequences. Careful research is needed on a variety of educational techniques, modified for different types of participants. The dramatic, dynamic view of the participant under screening should be considered rather than the possible episodic view of the screener. Genetic counseling, when necessary, should include four basic components: (1) provision of basic information; (2) discussion of the biomedical aspects as well as related issues such as expense; (3) review of reproductive options in the case of an individual or couple with a significant recurrence risk; and (4) exploration of psychosocial issues. Since screening consists of a technician or educator providing information to a client for decision making, screening programs should have an educational impact commensurate with their diagnostic accuracy. Finally, the motivation, selection, training, and supervision of volunteers must be evaluated. The low rate of success of genetic screening programs demands research in all these areas. 23 references.

80-0034
The Diagnosis of Health.
Sebag, J.
Preventive Medicine 8(1):76-88, January 1979.

The disease-oriented perspective of modern medicine is described and the need for greater emphasis on health is discussed. The expansion of medical practice from its current concentration on sick care to include preventive and promotive care is dependent upon the recognition of health as a diagnosis. A new approach to the evaluation of medical data from a health-oriented perspective was tested in a Multiphasic Health Screening (MPHS) environment by attempting to identify those individuals with a high likelihood of health. Results show that 88 to 98 percent of a healthy population could be identified. The diagnosis of health in an MPHS environment can initiate an array of activities suited to the needs of the individual. An individual who has no acute problem but is at risk for developing certain insidious diseases as a consequence of genetic makeup, lifestyle, or environmental hazards would be directed to preventive care programs. The asymptomatic individual who has no acute problems and who is not at risk would be referred for promotive health care. Finally, progress in promotive care will require dealing with people who perceive these recommendations as intrusions upon the individual freedom valued by our society. 29 references.

80-0035
Women With Cervical Cancer Detected Through Population Screening: Implications for Health Education.
Sibary, K.; Davis, F.; Wakefield, J.; and Yule, R.
International Journal of Health Education (Geneva) 20(3):205-211, 1977.

The records of 541 cases of cervical cancer detected by cytological screening in the North West of England between 1967 and 1974 were examined to identify high-risk factors associated with the disease and to evaluate the success of the health education component of the program in recruiting those women found to be at risk. Widowed and divorced women were found to have the highest rates of invasive cancer of all marital groups, even when examined by age and social class, yet were substantially underrepresented in the screened population. Moreover, significantly more of the abnormal smears from widows than from single or married women were subsequently confirmed as true cancer. A shift in emphasis from direct publicity to more personal health education might improve the recruitment of this group of women. Doctors and health professionals have access to personal details of their patients through which they are able to identify those at risk. They also enjoy a unique position of authority in matters related to health, from which they are ideally suited to provide such advice. 11 references.

80-0036
A Review of Methodology.
Sine, R. L.
Health Education 9(6):24-27, November-December 1978.

A review of the state of the art of instructional methodology in health education offers a description of the methods studied with the corresponding results as published. Categories of methods under which the studies are mentioned include: (1) lecture and discussion combinations; (2) experimental; (3) integrated; (4) multimedia; (5) peer teaching; (6) problem solving; (7) programmed instruc-

tion; (8) student-oriented method; (9) School Health Education Studies (SHES); (10) School Health Curriculum Project (SHCP); (11) team teaching; (12) transcendental meditation; and (13) values clarification. The analysis revealed that: (1) instruction using a variety of methods and settings has been effective as measured in cognitive and affective domains; (2) instruction programs have been ineffective as measured in the short-term health-related behaviors; (3) programming, the use of specific learning objectives, and the SHCP appear superior to other instructional methods; and (4) instructors have sufficient published evidence to use a variety of methods to individualize instruction. The superiority of the SHCP program must be qualified in that it appears to have an unfair advantage involving the use of specially trained instructors not available to other methods. Numerous references.

80-0037
Consumer Health Education: A New-Old Challenge to Allied Health Education.
Somers, A. R.
Preventive Medicine 6(3):404-409, September 1977.

The challenge to health education, implicit in the current re-thinking of the basic assumptions underlying the nation's health policy for the last 25 years, is enormous and unprecedented in the history of the profession. There is a growing consensus of opinion that medical care has little impact on health, and that health is a matter of personal responsibility. Basic assertions for consumer health education include: (1) the need for a new and more demanding definition of health education; (2) the need for an interdisciplinary approach in a variety of settings; (3) the utilization of successful programs as models; (4) the efficacy of developing patient education programs which achieve highly visible results, since patients generally have the strongest motivation; (5) the difficulty of measuring the effectiveness of programs aimed at the general public or school children; (6) the present lack of effectiveness of school health education; (7) the need for professional guidance, national policies, and mass communications programs designed to reinforce the message of health education; and (8) the integration of health education at all levels of health care. The challenge involves not only professional health educators but the far larger group of physicians, nurses, behavioral scientists, nutritionists, and others involved in one or another aspect of the field. New manpower studies are needed to identify quantitative and qualitative changes necessary to meet these challenges. 10 references.

80-0038
Planning International Programs in Drug and Substance Abuse Education.
Toohey, J. V.
Journal of School Health 49(9):514-515, November 1979.

Health educators in the United States, through such international programs as the Partners of the Americas, are in a unique position to share their expertise in drug and substance abuse education with their colleagues in Latin American countries. Guidelines for implementing an international program include: (1) exchanging philosophical views between the principal parties from each country; (2) maintaining flexibility when considering the philosophies; (3) formalizing the program and submitting a copy to the host institution at least one week before the formal program is to be implemented; (4) planning the program with the cooperation of both agencies even though one may have the primary responsibility; (5) establishing a pre-plan for adaptability; (6) selecting an able interpreter; (7) developing a simple program evaluation followup; and (8) preparing a followup report. Although adherence to the guidelines may improve the probability of success, there will always be unanticipated events to challenge the ingenuity of the planners.

80-0039
The Role of the Doctor in Dental Health Education.
Trainer, J. L.
Community Health (Bristol) 9(1-4):122-125, August 1977-May 1978.

Dental health education has succeeded in making the public aware of the deplorable standard of oral health in Great Britain, but has failed to stimulate the necessary procedures for improvement. Fear of dental procedures, dietary indiscretions, and a lax attitude toward oral health have contributed to this failure. In order for dental health education needs to be fulfilled, all medical practitioners should be prepared during medical school to recognize symptoms of oral illnesses and to offer advice on oral health maintenance. Physicians must make mothers aware of the danger of sweetened comforters, use of feeding bottles for fruit juices, and improper bottle feeding techniques. Doctors also should be aware of the traumatic causes of mouth ulcers, the periodontal origins of halitosis, and the side effects which certain drugs have upon oral tissues. There are 500 oral diseases which are known threats to general health. In the field of prevention, doctors can promote fluoridation of water supplies, which would reduce dental decay by 50 percent. Dental education is readily available to practitioners and the public

from the General Dental Council, the Health Education Council in England, and the Scottish Health Unit in Scotland. 4 references.

80-0040
Health and Safety Education From the Trash Can.
Williams, I. C.; and Scheer, J. K.
Health Education 10(2):22-23, March-April 1979.

Sifting through discarded items can produce evocative instructional aids for use in health and safety courses. Old, tattered electric cords, pieces of clothing torn by machinery, and old cups which might have contained poison inadvertently drunk by children are examples of some of the items collected by this method. Alerting students to be aware of such items so that the collection can be enlarged gains their interest in related issues and heightens their perception of safety hazards.

PATIENT EDUCATION

80-0041
Patient Education Seen as Integral Part of Patient Care.
Appelbaum, A. L.
Hospitals 51(22):115-116, 118, 1977.

More than 700 health educators and other health care professionals attended a symposium which focused on the problems involved in the provision of patient education. Problems raised included: (1) reimbursements from government, private health insurers, and third-party payers have yet to become viable funding sources for patient education; (2) hospital-run patient education seems financially counterproductive to many administrators; and (3) the establishment of regional meetings of health professionals are needed to explore local potentials for patient education. The need to demonstrate the cost effectiveness of education programs to hospitals was stressed, while the difficulties of such measures in relation to these programs were admitted. Patient education sponsors should bring the public's concern over rising hospital costs and incidence of unnecessary surgery to the fore in any campaign. Emphasis must be placed on physician acceptance and participation in educational efforts. Results of a 1975 American Hospital Association (AHA) survey revealed that: (1) patient education efforts vary from region to region; (2) hospitals are just beginning to coordinate their patient education activities on an overall hospital basis; (3) most patient education coordinators have training responsibilities for hospital staff and are in the department of education or nursing; and (4) many disease-specific programs are already developed. The AHA and the Bureau of Health Education are developing programs aimed at hospital policy makers, hospital clinicians, and hospital educators.

80-0042
Expectant Parent Classes: A Case Study.
Beebe, E. R.
Family Coordinator 27(1):55-58, January 1978.

Mental health problems among young children resulting from poor parenting, a high neonatal death rate, and a low level of medical education in rural Bedford County, Pennsylvania, provided the impetus for developing a primary prevention program called Expectant Parent Program. After initial resistance by county physicians due to feelings that the program invaded their domain, a program allowing consultative content review by a delivering physician was developed. Planning and program personnel were composed of 16 volunteers who had special expertise in prenatal instruction, including a mental health psychologist, obstetrical nurses, home health services workers, public health center nurses, a nutritionist, high school nurses, guidance counselors, and a county medical society advisor. The budget of $1,200-$1,599 per year was donated by the March of Dimes and the Tressler-Lutheran Service Associates. Course topics taught under the auspices of the program included: conception, gestation, and family planning; the birth process; post-natal care; pre- and post-natal nutrition; and principles of child development to age 3. Results of questionnaires given to participants after each component and after the program indicated that: (1) maternal and paternal anxieties were reduced; (2) parents, particularly fathers, became more involved; (3) identification with the community intensified; and (4) criticism was directed at opinionated instruction, emphasis on breastfeeding, and the film on delivery. The program offers a model for the implementation of a preventive approach to educating expectant mothers.

80-0043
Patient Education and Intrauterine Contraception: A Study of Two Package Inserts.
Benson, H.; Gordon, L.; Mitchell, C.; and Place, V.
American Journal of Public Health 67(5):446-449, May 1977.

Women's responses to two patient package inserts for an intrauterine contraceptive were compared in a survey of

256 women. One group of women received a 4-page information package insert proposed by the Food and Drug Administration in 1975; the other group received a 12-page insert varying in content, organization, and illustrations. Comprehension of the two inserts was generally comparable, but readers of the 12-page insert found its information content more complete. The survey findings affirmed the desirability of providing the patient with an educational brochure to be read prior to IUD insertion.

80-0044
The Effect of Social Support on Patient Adjustment After Breast Surgery.
Bloom, J. R.; Ross, R. D.; and Burnell, G.
Patient Counselling and Health Education (Amsterdam) 1(2):50-59, Fall 1978.

An intervention program of supportive care was designed to help women adapt to changes in bodily appearance and to altered views of the future after surgery for breast cancer. Counseling and information were offered to patients by an interdisciplinary team at all stages of the treatment process: prebiopsy, premastectomy, postmastectomy, rehabilitation, and, in event of recurrence, continuing care. A group of 21 women receiving these services and a group of 18 women receiving standard medical care were compared immediately after surgery and again two months later. Results indicate that the affective responses of the group in the intervention program were more labile than those of the control group immediately after surgery; these differences diminished over time. After surgery, both groups were equivalent on the measure of self-efficacy. Two months later, however, women in the intervention group scored higher on this measure. These results are seen as evidence that the social-support, intervention program was effective. 60 references.

80-0045
Minimizing Emotional Sequelae of Cesarean Childbirth.
Cohen, N. W.
Birth and the Family Journal 4(3):114-119, Fall 1977.

Cesareans-Support Education and Concern (C-SEC, Inc.) was founded in 1973 in response to an obvious need for practical information and emotional support for the growing number of couples who experience cesarean births. The program offers support through meetings, counseling sessions, classes specific to the cesarean experience, films, a slide and tape presentation, postpartum visits, newsletters, educational materials, lectures, and close connection with professionals and maternity care facilities. Information which should be given any couple expecting a cesarean birth includes: (1) the possibility of a trial labor; (2) hospital procedures such as admission, anesthesia, incision types, recovery procedures, and testing procedures for fetal maturity; and (3) contractions during pregnancy which might cause panic in some women expecting cesarean procedures. Any safe means of allowing the mother and father to participate in the birth procedures will reinforce their sense of control, security, and satisfaction. Grouping cesarean patients prior to and after the procedure allows them to give one another emotional support. Breastfeeding offers the mother a chance to assert her femininity which she may feel has been called into doubt. Other postpartum problems confronted include gas pains, abdominal tightening exercises, guilt, rejection of the infant, fear that the scar is unattractive, and physiological maladies suffered due to the great number of high risk factors that characterize cesarean mothers. C-SEC, Inc. programs allow couples to vent frustrations and teach them to cope with the experience. 6 references.

80-0046
Group and the Hispanic Prenatal Patient.
Cooper, E. J.; and Cento, M. H.
American Journal of Orthopsychiatry 47(4):689-700, October 1977.

A small-group approach was implemented to meet the educational and emotional needs of a Hispanic prenatal hospital population, which the staff characterized as hysterical and hard to manage during labor and delivery. Group sessions revealed that this behavior was due largely to lack of preparation and emotional support. The interdisciplinary team and the patients agreed that the group was helpful in: (1) opening up communication between this population and the staff to facilitate good staff-patient relationships; (2) learning from patients what their gaps of knowledge were and clearing up misconceptions around labor and delivery to facilitate patient education and preparation; and (3) providing emotional support to a patient population that had exhibited considerable anxiety which exacerbated problems of labor and delivery. The staff considered making group attendance compulsory and holding it in an examination room to integrate it even further into the functioning of the prenatal clinic. 26 references.

80-0047
Diabetes Education: Meeting Consumer Needs.
Dries, L.
Health Education 10(3):10-11, May-June 1979.

A series of community diabetes classes, designed for people with diabetes, their families, and people interested in diabetes, and a diabetes teaching clinic were established by the Swedish-American Hospital in Rockford, Illinois. Potential participants for the classes were identified from a mailing list compiled from records of patients with diabetes who had been hospitalized in the past year, and were also recruited from advertisements on television, radio, and in the newspapers. Four sessions, prepared by an interdisciplinary team, covered: (1) pathophysiology of diabetes, risk factors, signs and symptoms, and treatment modalities; (2) diet; (3) self care; and (4) coping with the mental stress which can accompany the disease. The Individual Patient Education (IPE) program was designed: (1) to provide referring physicians with an effective client-family education program; (2) to expose the client-family to aspects of diabetes; and (3) to provide support for the client-family living with diabetes. The interdisciplinary teaching team consisted of a clinical nurse specialist, clinical pharmacist, and registered dietician. The program was open by physician referral, and patient medical records were made available for assessment. Followup visits, scheduled after teaching goals were accomplished, indicated that the program was a success.

80-0048
Patient Education: Don't Take It Lightly. (Editorial).
Eastman, M.
American Pharmacy NS18(13):7, December 1978.

Patient education by pharmacists is not an extra service to be provided when time, mood, and personal inclination allow, but rather an obligation. It should not be necessary for the patient to have to guess blindly when to stop taking a medication. Instead, the pharmacist should ask whether the physician had given any guidance to the patient concerning how long to take the drug, future appointments, whether the drug was working, and what other medications the patient was taking.

80-0049
Hospitalization as a Life Crisis for the Preschool Child: A Critical Review.
Goslin, E. R.
Journal of Community Health 3(4):321-346, Summer 1978.

Hospitalization for a serious illness or surgery is usually a traumatic and anxiety-producing experience, particularly for children. Recent research supports earlier contentions that children between the ages of 6 months and 4 years are especially vulnerable to upset but are also more amenable to change and growth than other age groups. Maternal separation appears to be the primary stressor, but the presence of emotional disturbance prior to hospitalization and the child's level of cognitive development at the time may also be significant factors. Attempts to prepare children for hospitalization and surgery have met with some success, but not for preschool children. There is a need for some comprehensive theoretical perspective on which to base research. Studies to date have been based on the concept of "anticipatory worry" or on some form of modeling theory. Hospitalization can be considered as a life crisis for a child, a crisis that may result in blocks or distortions in the child's development if not mastered properly. Crisis theory provides a meaningful and useful model for understanding the experience of hospitalization for young children and for providing a basis for intervention. Furthermore, the psychopathology present in some children and their families is made apparent during such a crisis as hospitalization; this may present the only time they are accessible to health professionals. 74 references.

80-0050
A Continuum of Dental Health Education.
Hilton, A.
Royal Society of Health Journal (London) 97(6):256-257, December 1977.

Many health professionals seem to be unaware of or insensitive to the concept of the continuum of dental health education, whether the educational effort is preventive, supportive, clinical, or rehabilitative. Preventive education generally involves passing broad information to school children from the primary to the sixth grade level. The next stage, diagnostic or clinical treatment, requires informing the client in a more personalized context on correct teeth cleaning, gum health maintenance, diet, and oral hygiene. In cases of dental problems stemming from congenital deformities or corrective treatment, the educational component includes patient reassurance as well as instruction on overcoming the barriers presented by the handicap. Finally, teaching the elderly to use dentures properly requires emphasis on their primary function of mastication as part of the process of digestion. Too much emphasis has been placed by this group on the cosmetic function of dentures. When health education is viewed as a continuum to be drawn upon throughout life, the professional priority of dental health education will reach a higher level than it maintains at present.

80-0051
Coordinating Patient Education in the Hospital.
Hinthorne, R. A.; and Jones, R.
Hospitals 52(11):85-86, 88, June 1, 1978.

A Patient Education Committee was established at the Veterans Administration (VA) Hospital in Spokane, Washington, to consolidate efforts in an attempt to eliminate inefficient duplication. The committee evaluates patient education resource folders that are compiled by staff members, and evaluates materials produced in other VA hospitals for their appropriateness to its teaching programs. The committee, which includes representatives of all hospital disciplines, surveyed the educational needs and attitudes towards education of hospital professionals and discussed potential programs at a hospital-wide panel. Meeting monthly, the committee has become a focal point for many hospital activities. Requests for teaching packets by patients and their families have tripled in the past year; information in the packets is geared toward the patient's individual needs. Finally, the excellent documentation of patient teaching activities, stated as behavioral outcomes on nursing audits, should allow establishment of methods of evaluating the program's effect on patient compliance.

80-0052
Rx for Social Death: The Cancer Patient as Counselor.
Kleiman, M. A.; Mantell, J. E.; and Alexander, E. S.
Community Mental Health Journal 13(2):115-124, Summer 1977.

Cancer patients frequently encounter psychological problems distinct from those encountered by persons with other illnesses. Cancer's deadly nature and its drastic treatment often alienate patients from relatives and caregivers. The CanCervive program trained cancer patients to counsel other patients. They functioned as role models and provided opportunities for catharsis. Yet, their own unresolved conflicts often led them to overidentify with patients. Volunteers lacked insight into their own feelings of stress at seeing dying patients and their own guilt over their relatively advantaged medical status. Despite this, they helped patients cope with their insecurities and dependency needs, and assisted with professional education. Deprofessionalization of helping relationships opens the door to direct patient contact for well-trained, sophisticated volunteers who can contribute creatively and effectively. As improved medical technology and early retirement combine to increase available free time, the potential benefits of using patients and volunteers as counselors warrant further exploration. Issues encountered during this effort which call for further research include the patient-counselors' inability to recognize patient anger, and third-party payment schemes to overcome the societal rejection of a fee-for-service model for death and dying. Volunteers, who are neither responsible for the patient's well-being nor likely to react defensively, may be in a good position to render assistance in this field. 26 references.

80-0053
Health Education Project Guides Outpatients to Active Self-Care.
Lazes, P. M.
Hospitals 51(4):81-82, 84, 86, February 16, 1977.

At Martland Hospital in Newark, New Jersey, The Health Education Project, composed of group discussions and workshops, equips outpatients to assume their share of the patient-staff relationship. The program, offered in Spanish and English, aims at informing patients of their rights, encouraging active participation in their treatment, allowing patient feedback to act as a factor in hospital planning, improving communication between staff and patients, and examining organizational problems related to the availability and quality of service. In February 1975, a health information center was established in the back of the outpatient waiting room and daily information sessions were held. Workshops were structured around precise lesson plans in such areas as child care, hypertension, diabetes, and cardiac problems. The workshops are based on progressive, tangible steps to be initiated by the patient, and involve the use of several types of visual aids. Problems brought to the center's attention have resulted in substantive organizational change in some of the hospital's programs, including an 18-month restructuring of the metabolic clinic. The number of workshops held by the center has grown from 6.5 per week at the outset to 14.8 per week currently. Interactions with hospital staff and community service representatives, particularly those of the food stamp program, have increased as well. Over its 3.5 years of operation, the center has made preventive medicine an integral part of the hospital's operations.

80-0054
Pharmacist Involvement in a Deferoxamine Education Program for Patients With Cooley's Anemia.
Levine, H. G.; Hanan, Z. I.; Gordon, F. S.; and Tomasulo, W. J.
American Journal of Hospital Pharmacy 36(6):788-790, June 1979.

Training patients with Cooley's anemia to self-administer deferoxamine via an intermittent infusion pump can be achieved with patient education and pharmacist involvement. A pharmacist provides the patient and family with in-depth information on the disease and on deferoxamine dosage, preparation, subcutaneous administration, stability, storage, side effects, and precautions. Patients are trained by the pharmacist in aseptic technique and in the use and maintenance of the intermittent infusion pump. The patient education program allows patients with Cooley's anemia to receive their daily deferoxamine therapy without the need for frequent hospitalization. 9 references.

80-0055
Legal Precedents in American Law for Patient Education.
McCaughrin, W. C.
Patient Counselling and Health Education (Amsterdam) 1(4):135-141, Summer-Fall 1979.

Precedents exist in American laws that obligate health care providers and health institutions to render adequate and relevant patient education. The specific duties of a physician to the patient include disclosing to the patient all material facts of the health condition, forewarning the patient of possible hazards and collateral risks, counseling the patient in alternative methods of treatment, and instructing the patient in the skills and knowledge needed for informed self-care after discharge. Implicit in the exercise of these specific duties is patient understanding, for the physician is liable for negligence if the patient does not understand what is necessary for effective management of his health condition. The liability legally constrains health care providers to develop accurate and reliable methods for evaluating understanding and for documenting their education efforts. Institutions offering patient education programs as part of their standard of professional care owe the patient the legal duty of monitoring the appropriateness and adequacy of such programs. 48 references.

80-0056
Effect of Pharmacist Drug Monitoring and Patient Education on Hypertensive Patients.
McKenney, J. M.; Brown, E. D.; Necsary, R.; and Reavis, H. L.
Contemporary Pharmacy Practice 1(2):50-56, Fall 1978.

A study was conducted in six pharmacies throughout the state of Virginia to determine whether community pharmacists can be trained effectively to provide drug monitoring and educational services and whether these services increase compliance and therapeutic control in hypertensive patients. In preparation for the study, participating practitioners received self-instruction and were given the opportunity to attend a hypertension clinic. Audiovisual programs, booklets, and verbal consultation were used in patient education. Results show better compliance in the study patients (44 of 70) than in the control patients (23 of 66). Better blood pressure control was achieved in 74 percent of study patients and 58 percent of control patients. The encouraging results suggest that pharmacists who are sensitive to the needs of patients should participate in hypertension control programs.

80-0057
Patient Education and Complete Denture Maintenance.
Ortman, L. F.
Dental Clinics of North America 21(2):359-367, April 1977.

The usefulness and availability of over-the-counter denture relining materials, repair kits, and adherent preparations should be seriously questioned by the dental profession. The advertisements and claims by the commercial manufacturers are unreasonable and tempt patients into dangerously prolonging the wearing periods of ill-fitting dentures. The results are often detrimental to the patient's residual alveolar ridge and oral health. Patients must be made aware of the potential hazards associated with the uncontrolled use of these products. Pamphlets and reprint articles pertinent to this topic are helpful and can reinforce the dentist's program of patient education. A four-step program to promote better dental health among denture wearers is provided. 9 references.

80-0058
The Effect of Repetitive Teaching on Patient's Knowledge About Drugs to be Taken at Home.
Sechrist, K. R.
International Journal of Nursing Studies (Oxford) 16(1):51-58, 1979.

A study was undertaken to determine the effects of repetitive teaching by nurses about drugs to be taken at home on the adult patient's knowledge of the drugs. A review of the literature reveals that patients are, by and large, ignorant of the proper doses and effects of the drugs prescribed to them, and that repetitive teaching could be effective in insuring patient understanding. Forty-one patients were selected from two hospitals, a control group receiving single teaching, and an experimental group receiving repetitive teaching. Subjects in the single-teaching group learned information, but the repetitive-teaching group learned significantly more information with just one repetition of the material. However, only 35 percent of the repetitive-teaching group were able to answer all questions correctly, indicating that one repetition probably does not suffice for the majority of patients. The somewhat higher educational level of the repetitive-teaching group could have influenced posttest scores, suggesting that educational level might be a correlative factor. Patients seemed to have the most difficulty remembering names of the drugs and side effects, while information regarding the purpose of the drug or the dosage schedule was seldom forgotten. Further research should examine the optimal number of repetitions, effect of repetition on

long-term memory or compliance, and the relationship between the educational level of the patient and the number of repetitions required for mastery of the material. 12 references.

80-0059
Development and Evaluation of an Individualized Patient Education Program About Digoxin.
Soflin, D.; Young, W. W.; and Clayton, B. D.
American Journal of Hospital Pharmacy 34(4):367-371, April 1977.

A study was undertaken to (1) develop an individualized audiovisual patient education program about digoxin and congestive heart failure, and (2) ascertain whether a patient who received the education program from a pharmacist would demonstrate a significantly greater gain in knowledge about digoxin and congestive heart failure than a traditionally educated patient. The education consisted of a slide and tape audiovisual presentation which was reinforced by the pharmacist presenting the program at the patient's bedside. Each patient was randomly assigned to either the study group or control group of patients. A 27-question pretest was given to both the control and study groups to determine their baseline knowledge of congestive heart failure and digoxin therapy. Only the study group received the individualized education program. All patients were then given a posttest to determine the degree of learning that took place during their hospital stay. The patients who received the individualized digoxin education program from a pharmacist demonstrated a significantly greater gain in knowledge about digoxin and congestive heart failure than traditionally educated patients. Two appendices include a course outline and the pre- and posttest questions. 28 references.

PROFESSIONAL EDUCATION AND TRAINING

80-0060
Patient Education in University Health Services: An Interdisciplinary Approach to Planning and Implementation.
Bensley, L. B., Jr.; and Moffit, P. B.
Journal of School Health 48(10):592-595, December 1978.

The role of the patient education intern is crucial to the patient education program at Central Michigan University's Health Services, which serves a student population of 16,000. The patient educator's position and salary are comparable to those of a graduate assistant, working 20 hours per week for 30 weeks for $3,000. Pre-program observation of the clinic determined that the intern would: (1) facilitate patients in keeping appointments; (2) reinforce patient compliance with doctor's orders; (3) increase staff awareness of educational programs; (4) enhance respect for the Health Services; and (5) increase efficient utilization of services. In addition, the role would encourage consumer involvement in medical care on campus and provide a graduate student in-depth experience in practicing the professional skills of health education. The intern selects and works on selected projects under the direct supervision of the Health Services' medical staff, acts as an advisor to the Health Services Student Advisory Committee, and occupies a seat on the University Health Services Board. The program has been accepted by both administrators and students. Moreover, the interns' annual reports reflect success in better patient compliance, especially in the treatment of venereal disease. 6 references.

80-0061
School Health Experience Before and After Completion of Pediatric Training.
Chilton, L. A.
Pediatrics 63(4):565-568, April 1979.

A questionnaire regarding school health training and current school based activities was completed by 116 of 141 young (recently graduated) pediatricians practicing in four southwestern states. Responses indicated that few (22.4 percent) were exposed to school health during their residencies, although most (65.5 percent) are now providing some school health services. Those who had had school health training during residency are much more likely to be providing services than those who did not. Likewise, during their residencies, few received instruction in methods of health education, though many, led again by those who had appropriate experience, now participate in school health education programs. Residency programs should provide training in school health to improve the physicians' comfort and efficiency in the roles they are presently asked to play, and to increase involvement in this critically important area of pediatrics. 17 references.

80-0062
Developing a Positive Attitude Toward Patient Education in Family Practice Residents.
Falvo, D. T.
Journal of Medical Education 53(4):363, 1978.

Demand for efficient and effective patient education has created increased interest in incorporation of patient education skills into the medical curriculum. The staff of the Family Practice center at Southern Illinois University School of Medicine developed a patient education program consisting of a seminar for residents and clinic staff to acquaint them with the concept of patient education, to promote team cooperation and communication, and to provide continuity of information for patients. Initial seminars helped residents to formulate a positive concept of patient education and fostered team cooperation and communication.

80-0063
Nutrition and the Pre-Professional Student.
St. Pierre, R.; and Eddy, J.
Health Education 10(2):6-7, March-April 1979.

A questionnaire was administered to 114 pre-professional college students enrolled in a course for elementary education majors to determine their attitudes toward nutrition education, their knowledge of basic nutrition, and the emphasis they would place on 22 nutritional objectives in an elementary level curriculum. The results of the attitudinal phase indicate a concern for the quality of nutrition education and a desire to see the subject included in the curriculum. The results of the knowledge phase indicate that their own nutrition knowledge was not extensive: the mean score was 18 correct out of 30. In terms of curriculum emphasis, the most important goals set by the students included: (1) distinguishing between food desires and nutritional needs, (2) evaluating nutritional claims on a logical basis, (3) knowing the foods necessary for the body to meet nutritional needs, (4) making efficient and informed sources in food selection, (5) preparing a menu based on the four food groups, (6) being aware of the relationship between nutrition and health, (7) including a variety of foods in the diet, and (8) satisfying food preferences together with nutritional needs. The students' positive attitudes and limited knowledge suggest that students preparing for careers as health education majors would be an excellent target group for nutrition education within a health education methods course. A chart matching several elementary health education texts with nutrition categories they cover is included.

REGULATION, LEGISLATION AND ADMINISTRATION

80-0064
Health: An Integral Part of Human Development. (Editorial).
Begin, M.
Canadian Journal of Public Health (Ottawa) 69(4):271-275, July-August 1978.

Though statistics indicate that Canadians are relatively healthy, as compared to people in other Western nations, four grim problems continue to blight the health of the country: alcohol abuse, traffic injuries, occupational accidents and diseases, and mental illness. Statistics related to these problems include: loss of 11.5 million worker-days and $2.0 billion each year due to occupational illness and accidents; a death rate of 28 per 100,000 population due to auto accidents; and a mental illness rate of 1 out of 6. In order to encourage self-help trends, which may offer a solution to these problems, health and government professionals can: (1) ensure the implementation of early, persistent, and comprehensive health education; (2) inculcate a sense of voluntarism and social responsibility into the young; (3) direct more programs toward the poor, including not only health but economic programs as well; (4) exert effort to ensure the nutritional well-being of those in geographically remote places; and (5) strive to alleviate the health, economic, and psychological problems of an elderly population which will double by the year 2031. Overall, the largest problem in Canadian health care seems to be achieving a proper distribution of services.

80-0065
Health Education in Hungary: Three Priority Areas.
Gonda, G.
International Journal of Health Education (Geneva) 21(2):107-111, 1978.

Since the 1972 Health Law, Hungarian health professionals have emphasized the maintenance of healthful lifestyles rather than the use of medicine aimed at prevention of illness. Healthful lifestyles can be established only through constant and consistent education and motivation of the population, concentrated on a few subjects. The Ministry of Health chose three major areas: physical exercise, nutrition, and healthful behaviors. The first involves the use of motion to replace medicine in a society where the latter has been overemphasized to the derogation of the former. The second involves combatting overeating which has accompanied the sedentary lifestyle of Western people. The concept of healthful behavior covers both the

physical environment and the adaptation of the individual to society. This last theme encompasses problems ranging from social stratification to adaptation to new patterns of civilization. In addition to these three main subject areas, the ministry has emphasized family planning and patient education. Each of the main areas received special attention for a period of 6 months. The media messages were personalized through the use of a cartoon character who promotes health. Thus, the Health Law along with the Public Education Law has ensured the inclusion of health education in the curricula of schools and all large organizations.

80-0066
Legislative and Administrative Action for Control of Tobacco-Smoking in Finland.
National Board of Health, Helsinki (Finland).
Helsinki, National Board of Health, 57 pp., 1979.

A comprehensive health-oriented smoking control bill was enacted in Finland in August, 1976, which sought to limit smoking through health education measures, price policies, restrictions on industry and trade, and sponsorship of research and development. The main regulations embodied in the new law are: (1) location of the administration of tobacco affairs mainly in the hands of health authorities; (2) setting aside a sum equal to 5 percent of tobacco tax revenue for development of a health-oriented tobacco policy; (3) prohibition of advertising and sales promotion of tobacco; (4) limitation of the permissible quantities of harmful components of tobacco products by the government; (5) requirement that tobacco marketers obtain permits from the State Research Center; (6) subjection of tobacco products to quality control; (7) requirement that warnings of the harmful effects of tobacco be placed on all packages containing tobacco; (8) prohibition of the sale of tobacco to persons under 16 years of age; (9) prohibition of the sale of tobacco from unsupervised vending machines; (10) prohibition of smoking in public places and transport facilities; and (11) location of the responsibility for nationwide educational measures to reduce smoking and for the coordination of research and evaluation activities in the National Board of Health. These provisions have been overwhelmingly welcomed even though they have limited individual liberty. 15 references.

80-0067
Some Lessons Learned in Legislation.
Newman, I. M.; and Wilson, R. W.
Health Education 9(6):20-21, November-December 1978.

Four attempts have been made in Nebraska to secure the passage of a law to improve the quality of school health education. The first attempt was successful but proved too general to be useful. A review of three failed attempts to strengthen the law reveal several lessons that might benefit proponents of similar legislation elsewhere: (1) although it is expedient to introduce legislation based on a model developed elsewhere, such expediency usually precludes the involvement of large groups of people and the development of grass roots support necessary for a bill's passage; (2) the function of the health education program must be defined so that undesirable connotations in the public mind are avoided; (3) opposition groups have proven to be well-organized and well-prepared from previous successful campaigns against other public safety programs such as mandatory seat belt or crash helmet laws; (4) education programs are usually drafted to operate from a centralized point of administration, a form of organization often viewed as a direct attack on the integrity of the local school district; (5) proponents have failed to consider compromise; and (6) proponents have also failed to consider options to legislation. The alternative to legislative success might be the implementation of individual exemplary programs which encourage imitation.

80-0068
Smoking, Health and Related Problems in Australia: Official Recommendations; Part Two of a Two-Part Article.
Senate Standing Committee on Social Welfare, Canberra, Australia.
World Smoking and Health 3(3):41-46, Fall 1978.

Though banning of cigarette advertising on television and radio in Australia has been realized, prohibition of such advertising through other media has not been forthcoming. In addition, cigarette companies have used the broadcast media successfully to tout their products by sponsoring sports events during which cigarette brands receive background attention. In order to prevent this sort of subterfuge from continuing, the Senate Standing Committee on Social Welfare recommends that: (1) advertising of tobacco products in any fashion should be banned from radio and television; (2) the question of substantial compliance with the voluntary code should be reviewed annually until a total ban has been implemented; (3) state and local governments should be encouraged to ban tobacco advertising; (4) authorities should appeal to sportsmen throughout Australia not to lend their names and prestige to the promotion of tobacco products; (5) Commonwealth grants to sporting and cultural bodies should be on the condition that they not accept money from the tobacco industry; and (6) the Commonwealth government

should consider refusing tax deductions for expenses incurred in the promotion of tobacco products. Other findings of the committee reveal that: (1) proper evaluation of educational programs directed against smoking must be undertaken to prevent these programs from becoming counterproductive; (2) such evaluations should emphasize alteration of behavior rather than simple alteration of attitudes; and (3) support of the tobacco industry by the government should be progressively withdrawn. 27 references.

RESEARCH AND EVALUATION

80-0069
Preventive Dental Health in Adolescents: Results of a Controlled Field Trial.
Craft, M.; and Croucher, R.
Royal Society of Health Journal (London) 99(2):48-56, April 1979.

Pilot studies of adolescents aged 13-14 were designed to test strategies for motivating preventive dental behavior within a methodical, scientific framework and using criteria of changes in dental health status that are reproducible, reliable, and validated. Through a process which involved interviews with parents and teachers and three experimental trials of the course, the Natural Nashers curriculum evolved, which included the distinction between prevention and cure, the concept and nature of bacterial plaque, the importance of frequency rather than quantity in sugar consumption, disclosure and removal of plaque, and the etiology of decay and gum disease. Three concepts new to dental health education were introduced: (1) the distinction between disease-free teeth and teeth with lesions or fillings; (2) the idea of safe snacks; and (3) the distinction between natural and unnatural sugar. Results reveal that though gingival scores declined, plaque levels remained static or deteriorated. These contradictory findings were found to be due to an ecological fallacy in the application of policy that occurs when aggregated or mean data are used to characterize areas or institutions. Because final results indicate plaque levels congruent with low gingival levels, the possibility of improving preventive behavior among adolescents seems good. These results reveal that blanket exhortations to brushing will fail with many individuals. Mean data are misleading and the knowledge concerning bias must be used by health educators to effectively modify and direct their campaigns. 45 references.

80-0070
Comparison Between Experiential and Didactic Methods of Death Education.
Durlak, J. A.
Omega; Journal of Death and Dying 9(1):57-66, 1978.

The impact of a death and dying workshop on individual attitudes toward life and death is examined. The workshop was a voluntary 8-hour, small group experience conducted for heterogeneous hospital staff of a large southeastern medical center. Pre- and post-workshop questionnaire data were collected from two groups of participants and a matched control group. One of the workshop groups (didactic group) participated in an educational program emphasizing lecture presentations and small group discussion. In contrast, the second workshop group (experiential) confronted their own feelings and reactions to grief and death through role playing and death awareness and grief exercises. Data indicate that the experiential group showed a significant reduction in fear of death as a result of the workshop, whereas both the didactic and control groups changed negatively over time. Results support the view that an emotional, personal approach to death is an important element in an effective death education program. 23 references.

80-0071
Family Planning Opinion Leadership in the United States.
Fisher, A. A.
International Journal of Health Education (Geneva) 21(2):98-106, 1978.

Data from self-administered questionnaires and interviews with 880 active Planned Parenthood patients in Baltimore, Maryland, allowed an examination of correlates of family planning opinion leadership. Patient opinion leadership was investigated in terms of: (1) selected demographic variables; (2) knowledge about contraception and the location of clinical services; (3) communication of topics with friends; and (4) contraceptive behavior of friends. Opinion leadership was measured by respondent self-designation. Results show that: (1) none of the six demographic variables was associated with opinion leadership; (2) knowledge about contraception and the location of services were two important aspects of opinion leadership; (3) opinion leaders were more likely to be asked by their friends about health matters, politics, money problems, and myriad other problems; and (4) information and advice given by opinion leaders to others results in some behavioral change. It appears likely that opinion leaders exercise influence among individuals who are at a stage in which contraception has more generally become a

common practice. Thus, opinion leaders act as reinforcers. Unlike other sources of information, opinion leaders are in the unique position to know what kind of advice to give their friends. 23 references.

80-0072
Alcohol and Drug Education: Models and Outcomes.
Goodstadt, M. S.
Health Education Monographs 6(3):263-279, Fall 1978.

Knowledge-attitude-behavior and values-based models are analyzed with regard to their application to development and evaluation of drug education programs. The effectiveness of simple knowledge-attitude-behavior models has had little documentation and probably is extremely limited, since it seems drug users possess more information about drugs than do nonusers. Theoretical problems of models postulating the effectiveness of attitude changes on behavior, such as vague definitions of "attitude," inability to control situational factors and competing attitudes, and unrealiability of attitude measurements, are accompanied by the practical problem that stated attitudes often cannot be used as a basis for prediction of behavior. Measuring behavior change itself is problematic, but use of small behavioral steps, such as expressed desire to change, expressed intention to change, expressed commitment to change, larger public demonstration of change, and so forth, allows both accomplishment and measurement of change. Values-based models exhibit confusion in conceptualization and implementation, complicated by a dearth of research into the role of values and their behavioral impact. Research of value models must extend to include ethical implications, sociological aspects, and psychological dynamics, and greater attention must focus on the significance of stages of moral and cognitive development. Values might be subsumed more efficaciously under moral education. Overall, both knowledge-attitude-behavior and values-behavior models evidence little predictive value, calling for a broader perspective and a more sophisticated model of man and suggesting the need for a closer association between drug education and social science research. 111 references.

80-0073
Development of Randomized Patient Education Experiments With Urban Poor Hypertensives.
Green, L. W.; Levine, D. M.; Wolle, J.; and Deeds, S.
Patient Counselling and Health Education 1(3):106-111, Winter-Spring 1979.

The relative cost effectiveness of different strategies in achieving patient compliance and control of blood pressure was assessed in the 3-year study, "Health education strategies for hypertension control." A basic assumption in the design of the experiment was that compliance behavior of patients depends on their interaction with the providers and with the system as well as on their demographic, disease-specific, and psychosocial characteristics. A history or interview method was used on 311 patients in Baltimore. The six-item schedule involved five questions on tendencies to take medicine and one question on the tendency to keep appointments at the clinic. The diagnostic-baseline data of the survey reveal that three factors heavily influenced patient compliance: (1) patient confusion; (2) variable support for the patient from his family; and (3) defeatist attitude on the part of the patient. These problems were dealt with through reteaching and reinforcement interviews consisting of 20-minute patient-practitioner encounter sessions, through interviews with the house members closest to the patient, and through small group discussions involving a broad range of action-oriented short-term procedures. This survey and the resulting educational design holds advantages over blood pressure, readings, pill counts, clinical records, and other survey methods used to plot compliance and plan tactics to reinforce it. 11 references.

80-0074
Drug Education: Solution or Problem?
Halpin, G.; and Whiddon, T.
Psychological Reports 40(2):372-374, April 1977.

Relationships between drug knowledge and use of seven different drugs -- alcohol, amphetamines, barbiturates, heroin, LSD, marihuana, and tobacco -- were assessed in a random sample of 300 12th-grade students from large, intermediate, and small high schools. Drug knowledge was significantly related to use of alcohol, amphetamines, barbiturates, LSD, and marihuana. Overall, Pearsonian correlations were small to moderate. Such results seem to indicate that drug education might be a problem instead of a solution, but more definitive research is needed before calling for an end to such programs.

80-0075
The Perrier Study: Fitness in America.
Harris (Louis) and Associates, Inc., New York, N.Y.
New York, Great Waters of France, Inc., 59 pp., 1979.

The Louis Harris public opinion sampling organization was commissioned to conduct a survey to examine and evaluate Americans' attitudes and perceptions regarding

physical fitness, Americans' physical fitness behavior, and Americans' awareness and knowledge about health and physical fitness. In-person interviews were conducted with 1,510 adults, and telephone interviews with 180 runners, all over age 18. Results indicate that: (1) major differences in levels of activity exist from sport to sport and individual to individual; (2) highly active people tend to participate in strenuous activities, less active people in less strenuous activities such as walking, bowling, or swimming; (3) the public as a whole understands the fundamentals of fitness; (4) highly active people overwhelmingly perceive psychological benefits from exercise activity; (5) both active and nonactive people sleep the same number of hours, yet active people have less trouble falling asleep; (6) active people tend to smoke as much as nonactive people; (7) the widely held belief that exercise reduces appetite is largely inaccurate; (8) family influence on fitness activities is growing stronger; (9) parents generally prefer their sons or daughters to participate in sports traditionally assigned to males or females, respectively; (10) women are becoming involved in sports at a more rapid rate than men; (11) half of the people thought that they did not get enough exercise, usually attributable to lack of time, health considerations, family responsibilities, or the weather; (12) myths about fitness activities are widely held by nonactive people; and (13) trends in public opinion point to further growth in participation in fitness activities.

80-0076
Development and Evaluation of Self-Management Systems for Children With Asthma; Annual Report No. 1.
Insel, P. M.; Jacobs, A.; Rodabaugh, B. J.; and Austin, M.
Palo Alto, Calif., American Institutes for Research, 113 pp., 1978.
Available from: NTIS; Order No. PB 287216.

The first phase of a 4-year study to evaluate the efficacy of educational and psychological interventions aimed at increasing asthmatic children's self-management capabilities and reducing their dependency on the health care system is described. Critical incidents were collected from asthmatic children, their parents, nurses, teachers, and physicians. The 1,374 specific reports of effective and ineffective behaviors were inductively classified to provide a conceptual outline of the domain of children's self-management of asthma. Phase one also involved use of the classification scheme to prepare comprehensive rationales for the development of objectives for educational and psychological intervention. Finally, this phase required the development of a process by which materials and strategies could be developed and structured into packages for the intervention programs. The progress made to date in developing the data collection and analysis plan is reported. 42 references.

80-0077
Scales for Measuring Health Belief Model Dimensions: A Test of Predictive Value, Internal Consistency, and Relationships Among Beliefs.
Maiman, L. A.; Becker, M. H.; Kirscht, J. P.; Haefner, D. P.; and Drachman, R. H.
Health Education Monographs 5(3):215-230, Fall 1977.

Critiques of research on the Health Belief Model have been directed at the need for: (1) applying the Model to chronic illness behavior; (2) multivariate testing of the major dimensions of the Model; (3) developing reliable scales; and (4) explicating the relationships among the beliefs. In an attempt to respond to these concerns, data are presented from a prospective study of 182 mothers' adherence to a diet regimen prescribed for their obese children. The study's main outcome measure was change in child's weight over a 2-month period. The Model components were found, both singly and in combination, to be correlated with the study's measure for dietary compliance. Multiple regression analysis utilizing five belief indices accounted for a substantial portion of the variance in children's weight change. Questionnaire items employed in creating indices for each Model dimension are presented, together with discussion of the internal consistency of each index. Belief intercorrelations appear to demonstrate that distinct Model dimensions exist. 10 references.

80-0078
Child Automobile Restraints: Evaluation of Health Education.
Miller, J. R.; and Pless, I. B.
Pediatrics 59(6):907-911, June 1977.

An experimental design was used to test the effectiveness of three modalities of instruction in pediatricians' offices. Parents in the experimental and control groups were asked if their children wore a car seat restraint on the way to the office. The parents in the experimental group were encouraged to have their children use a restraint via one of the following methods: a pamphlet alone; a pamphlet and verbal isntruction by the pediatrician; or a pamphlet, verbal instruction, and a brief slide-tape show. The parents were contacted by telephone, mail, or in person 2 weeks later and asked if their child used a restraint on their last car trip. There were no statistically significant changes in behavior in any of the two groups. Although the group

which received all forms of instruction had the highest mean score, the greatest increase occurred with the control group. Possible explanations of the failure to achieve behavior changes include the facts that: (1) baseline behavior was high in the first place; (2) the short time period between education and assessment was insufficient for the desired changes to occur; (3) obtaining the restraint equipment is often difficult; and (4) restraints are often costly, uncomfortable, or poorly engineered. Although numerous models for promoting preventive behavior have been proposed, they remain for the most part largely untested. 15 references.

80-0079
Evaluation of Patients' Knowledge of Diabetes Self-Care.
Miller, L. V.; Goldstein, J.; and Nicholaisen, G.
Diabetes Care 1(5):275-280, September-October 1978.

A survey conducted at the Long Beach Veterans Administration Hospital in the summer of 1976 to evaluate patient capability for self-management found that over 35 percent of the patients interviewed lacked any formal training. A total of 84 patients were interviewed ranging in age from 31 to 81 years. Seventeen patients had been placed on insulin without formal instruction; almost half of the patients who claimed to have attended training programs could not demonstrate adequate knowledge or skills in any of the major areas of self-care: insulin administration, urine testing, diet, foot care, and management of hypoglycemia and hyperglycemia. While patients with training were more knowledgeable than patients without training, the difference was slight. Results indicate the need for systematic analysis of patient knowledge and evaluation of training programs on a continuing basis. 17 references.

80-0080
College Women's Use of Gynecological Health Services: Implications for Consumer Health Education.
Needle, R. H.
Health Education 9(2):10-11, March-April 1978.

The trend of earlier sexual maturation of women generates special health service and education needs which the health profession has failed to meet. Two surveys of women enrolled in health courses at two large universities were conducted to determine the patterns of health service use for gynecological reasons by college women. Results show that the overwhelming majority had sought gynecological services, 50 percent of them before entering college; for 80 percent the last visit was not the first. Most were self-referrals, with little parental involvement. The most frequent use was for preventive care and contraceptive services. As to quality of care, data indicate that a large percentage of women were prescribed oral contraceptives without thorough medical histories, and that alternative contraceptive methods were not frequently discussed. As to utilization of health services, 27 percent of the sexually active women in the second survey had never been to a health provider for contraception. Another 31 percent had made such a visit but not for contraception. These data suggest that: (1) many women do not receive quality care regarding contraception; (2) many sexually active women risk pregnancy; and (3) many sexually active women who regularly seek gynecological care still have difficulty discussing their sexuality with health providers. Generally, the respondents were satisfied with the quality of health care they had received. The frequency of health care utilization by women at a young age suggests the need for discussion of health concerns during elementary and junior high school. 2 references.

80-0081
Safety Restraints for Children in Automobiles: Who Uses Them?
Pless, I. B.; and Roghmann, K. J.
Canadian Journal of Public Health (Ottawa) 69(4):289-292, July-August 1978.

Significant relationships between the reported use of safety restraints for children in automobiles have been observed with the following characteristics of the family: education, income, religion, and stress. Mother's age is only related to use by children under 10 years of age. High-risk families and reported nonusers are most often those with less education, lower income, Catholic faith, and older mothers of young children. Use is also less among those subject to high stress. This information allows the delineation of a target population "at risk" so that health educators can decide upon the nature of the health message most likely to be effective. Periodic reminders would probably suffice for educated parents with high incomes. A program directed at low-income parents would reach more nonusers, but would have to be designed to change attitudes and establish a habitual pattern of use. Data suggest that permanent social characteristics are more important than temporary states such as stress. Finally, future studies should be based on observation rather than on reported use; this study relied on the latter. 9 references.

80-0082
Evaluation of Programs Designed to Increase the Protection of Infants in Cars.
Reisinger, K. S.; and Williams, A. F.
Pediatrics 62(3):280-287, September 1978.

Three in-hospital educational programs for postpartum women, designed to increase crash protection of infants in cars, were evaluated in comparison to a group that received no education. The programs consisted of (1) literature, plus making infant carriers readily accessible and convenient to purchase; (2) literature, plus a personal discussion, and making infant carriers accessible and convenient to purchase; and (3) literature, plus the offer of a free infant carrier. The programs increased the extent to which infant carriers were used to transport babies in cars, but had little or no effect on the key outcome measure: use of infant carriers fastened by the car seat belt so that crash protection is provided. Rates of such use were low in all groups. Ways of providing increased crash protection to infant and child travelers in addition to use of restraint systems requiring the active, voluntary cooperation of parents must be encouraged. Passive (automatic) protection techniques, such as air bags and vehicle interior modifications, have a great potential in this regard. 32 references.

80-0083
Constructing and Analyzing a Test Accurately.
Troyer, D. K.; Harris, W. H.; and Davis, E. E.
Health Education 10(2):8-9, March-April 1979.

A test of dental health using existing data to examine the accepted belief that American schools are less effective in teaching Chicano youth than in teaching Anglo youth demonstrates the problems associated with overextensive analysis of test results. Results from the Dental Health Knowledge and Attitude Inventory survey, designed with the intention of identifying the areas in which students had misinformation, were used to determine the effects of cultural background on learning. Many of the questions on the inventory had no pertinence to the cultural tendencies of the students or of the curricula. This fact illustrates the problems which might arise when investigators interpret test results without knowing all the exigencies associated with the collection of data. Before a researcher begins to reanalyze another researcher's data, the researcher should have a clear understanding of the purposes for which the data collection instrument was constructed and for which the study was designed.

80-0084
An Alternative Approach to Measuring Attitude Change.
Vincent, R. J.
Health Education 9(6):22-23, November-December 1978.

Health education research in the affective domain must reevaluate its approach to measuring attitude change if accurate and significant results are to be obtained. Traditional pre- and posttest attitude measures are open to errors in interpretation. An alternative approach was implemented in a study of attitude changes of a group of junior high school principals, teachers, counselors, and coaches attending a Family Life Education workshop. Attitudes on that session's topic--homosexuality--were selected for evaluation. To accurately reflect any change in the selected attitudes, it was necessary to: (1) identify and state the desired attitude; (2) recognize that some members of the total population already have the desired attitude, which would not change as a result of any educational experience; and (3) consider only those individuals within the total sample whose attitudes varied from the stated desired one, as the group to be evaluated. By stating the desired attitude and selecting the specific group to be measured as a result of pretest scores, significant attitude changes were reflected. The results of this approach indicate that various creative evaluation approaches are possible. 2 references.

RISK REDUCTION

80-0085
The Way We Eat.
Rhode Island Department of Heath, Providence. Office of Nutrition Service. Providence, R.I. 48 pp., (197-).

Numerous suggestions for developing a healthy diet are presented.

80-0086
Health-Protective Behavior: An Exploratory Study.
Harris, D. M.; and Guten, S.
Journal of Health and Social Behavior 20(1):17-29, March 1979.

Exploratory research was undertaken to introduce the concept of Health-Protective Behavior (HPB), analyze the activities that people perform to protect their health, identify clusters of HPB, and examine the relation of selected Health Belief Model variables to HPB clusters. Data from interviews with 842 selected adults indicate that: (1) virtually everyone performs some HPB activities; (2) the most commonly performed activities do not involve use of the health care system; (3) several clusters of HPB emerge when the data are subjected to cluster analysis; (4) HPB

does not differ markedly according to the health condition of the respondents, and (5) some Health Belief Model variables are moderately associated with the performance of activities within selected HPB clusters. These findings are compatible with a view of individuals as "producers" of health rather than simply consumers of health care. 25 references.

80-0087
Add P.L.U.S. to Your Life.
Kansas State Department of Health and Environment, Topeka.
Bureau of Health and Environmental Education. 2nd ed. Topeka, 36 pp., 1979.

To help maintain personal well-being, guidelines of the Program to Lower Utilization of Services (PLUS), are presented on physical fitness, weight control, smoking, nutrition, dental health, alcohol consumption, stress factors, general mental health, and accident control. Daily programs are suggested with blank charts to allow daily recording of progress toward wellness in each area of hygiene. Specific sources of help identified include intervention programs such as therapy, biofeedback, yoga, and meditation. Behavior self-management contracts are suggested which describe attributes of lifestyle the individual wants to change.

80-0088
Effects of Two Self-Management Approaches on Cigarette Smoking.
Katz, R. C.; Heiman, M.; and Gordon, S.
Addictive Behaviors 2(2-3):113-119, 1977.

Two self-management approaches to reduce cigarette smoking, Azrin and Nunn's habit reversal and a more cognitively oriented self-control method used by Mahoney et al, were compared. Unlike the habit reversal group, clients using the latter approach were instructed to use self-instructional and self-reinforcement techniques. A third group used conventional patient education techniques to reduce cigarette smoking. Each of the groups showed a reduction from baseline smoking during the 4-month study. However, there were no differences between the groups during or at the end of the study. Although the results did not favor any one of the three groups in particular, they suggest that fairly rapid and, in some cases, permanent reductions in steady-state smoking are possible without resorting to aversive (and potentially harmful) methods such as rapid smoking. 14 references.

80-0089
Progress in Prevention of Cardiovascular Disease.
Levy, R. I.
Preventive Medicine 7(4):464-475, December 1978.

Remarkable progress has been made in understanding the basic process involved in cardiovascular diseases, as well as in the ability to detect and treat these diseases. This awareness, in turn, has led to a striking decrease in mortality from cardiovascular disease. At the same time, it is evident that primary prevention must be the ultimate goal. Given the limitations in resources, this approach is clearly the most cost-effective. Epidemiologists and other researchers have defined a large number of cardiovascular risk factors, of which the major ones are age, male sex, hypertension, cigarette smoking, plasma low density levels and high density levels of cholesterol, and blood glucose. Other risk factors include obesity, sedentary lifestyle, water hardness, family history of heart disease before age 65, personality type, and stress. The National Heart, Lung, and Blood Institute has launched a three-pronged attack aimed at primary prevention and involving activities throughout the biomedical research continuum. It will be necessary to: (1) support more varied and creative research into the basic mechanisms in the etiology and pathophysiology of arteriosclerosis and hypertension; (2) support clinical trials and other definitive validation exercises to test the assumption that alteration of risk factors will decrease risk; and (3) support joint research between the behavioral and biomedical communities. Expeditious publication of validated findings and areas of controversy must continue to keep the public informed, since public awareness of risk factors within the last decade appears to have resulted in a decline in cardiovascular mortality. 4 references.

80-0090
Keep Your Heart Ticking: A Unique Approach to Adult Health Education.
Ramirez, A. G.; White, R. C.; Weaver, F. J.; and Roush, R. E.
Health Values: Achieving High Level Wellness 2(6):327-328, November-December 1978.

More than 300 adults in the Houston area registered for a 6-week pilot program offered by the National Research and Demonstration Center in conjunction with the Houston Community College System's Community Service Program entitled "Keep Your Heart Ticking" which focused on cardiovascular disease prevention. The course, consisting of six 2-hour classes conducted one evening each week, provided participants with preventive health information and cardiovascular risk-reducing

measures which could be incorporated into their lifestyles. The 60 participants in the initial pilot course learned the functions of the heart, the causes of heart disease, and the effects of various risk factors, such as elevated blood cholesterol levels, smoking, hypertension, overweight, lack of exercise, and stress. Classes blended lectures with media presentations, discussions, and group activities to teach the participants special techniques to help them reduce the risk of heart attack. Identical pre- and postprogram questionnaires assessed changes in health knowledge and behavior by participants. In addition, participants evaluated each session in terms of its effectiveness and possible improvement. Response to the course attests to community interest in the topic, and the course itself offers a model for utilization of existing community resources to disseminate needed preventive health information.

80-0091
Failure of Anti-Smoking Health Education. (Letter).
Rawbone, R. G.; and Guz, A.
Lancet (London) 1(8056):159, January 21, 1978.

Public health education, particularly in relation to anti-smoking programs, fails because the arguments used to promote changes in behavior rely on a concept of the future which has no meaning for those to be persuaded. A survey of 10,498 secondary school children in the London borough of Hounslow revealed that the prevalence of regular smoking has changed little in recent years. Other studies have demonstrated that teenage smokers exhibit immediate disabilities due to smoking that limit their activities and impinge upon their health. These results have been brought to the attention of the young through several media channels. Enough evidence of the ill effects of smoking during the teenage years has been uncovered to be integrated into a systematic approach to health education in the schools which emphasizes these immediate effects.

80-0092
Coronary Risk Factors and Socioeconomic Status in Eastern Finland.
Tuomilehto, J.; Puska, P.; Virtamo, J.; Neittaanmaki, L.; and Koskela, K.
Preventive Medicine 7(4):539-549, December 1978.

Known coronary heart disease (CHD) risk factors are strongly related to behavior and are rooted in cultural and social patterns. For any preventive community program, it is essential to clarify the connection between these risk factors and the socioeconomic situation of the given population. Before launching a comprehensive cardiovascular community program in North Karelia, a county in eastern Finland with the world's highest known incidence rates of CHD, a large baseline survey was carried out on a representative sample of the population with a participation rate of 90 percent. Lower socioeconomic status (rural living, lower educational level and income, and heavy physical work) was generally associated with CHD risk factors, i.e., smoking, high serum cholesterol, and high blood pressure, although with regard to blood pressure, the association was weak for men. The main departure was observed among women, where smoking in general was rare and was mainly associated with higher socioeconomic status. The findings are in agreement with current knowledge about the occurrence of the disease in the same population. In predicting CHD, a multivariate model is the best method, since it accurately accounts for the combined impact of each risk factor to the actual CHD risk. However, a simple scoring system is useful when the aim is merely to describe the occurrence of the given risk factors in the population. 42 references.

80-0093
Learning Techniques for Alcohol Abuse.
Vogler, R. E.; Weissbach, T. A.; and Compton, J. V.
Behaviour Research and Therapy (Oxford) 15(1):31-38, 1977.

Eighteen-month followup data are presented for two projects evaluating the effectiveness of learning techniques for treating alcohol abuse and achieving moderation using three groups -- inpatient alcoholics, outpatient alcoholics, and problem drinkers. Subjects received various combinations of the following procedures: videotape self-confrontation of drunken comportment, blood alcohol concentration discrimination training, aversion training for overconsumption, avoidance practice, behavior counseling and alternative training, and alcohol education. Subjects in all groups improved in terms of reductions in alcohol intake and on drinking-related variables. Significant between-group differences in favor of subjects whose training included actual experience in drinking moderately were found only for the inpatient alcoholics. In this research, the best candidate for moderation was the less chronic, younger drinker with a relatively lower alcohol intake, a more stable vocational record, and no history of hospitalization for alcohol abuse or physical deterioration from drinking. It is concluded that the techniques with the greatest potential for the prevention and treatment of alcohol abuse are videotape self-confrontation, blood alcohol discrimination training, and alcohol education and alternatives training. 19 references.

SCHOOL HEALTH EDUCATION

80-0094
Developing a Multiple Matrix Sampling Assessment--A Followup Report.
Austin, D. A.; and Novak, C. D.
Health Education 9(6):13-14, November-December 1978.

The AAHPER Cooperative Health Education Test, a standardized end-of-course achievement test for upper elementary and junior high school students which uses multiple-matrix sampling procedures, has been well-received by health education teachers and school administrators. Two shortcomings, although not reflecting a fault in the basic design of the test, were singled out for improvement: the content validity of the test and the lack of feedback to the students participating in the testing program. Content problems arose from the appearance on the test of some questions which were not covered by several school districts' curricula, and from the small number of items in the health assessment. As to student feedback, school officials pointed out that unless the students see tangible evidence that test results are being used, they tend not to take the test seriously. The solution to the content problem has been to supplement the standardized test with a locally constructed test on 1 of the 10 content areas. The issue of how best to provide student feedback has yet to be resolved. The long-range goal of the health assessment is to move toward carefully defined item universes for each of the 10 content areas so that domain references interpretation of student achievement will be possible.

80-0095
Outlines for Guidance: Nutrition in Health Education for Secondary Schools.
Austin, G.
Health Education 10(2):20-21, March-April 1979.

An outline originally prepared and published in 1949 and reprinted in this issue covers the rationale for incorporating nutrition education into the secondary school curriculum as well as the organizational and philosophical bases for such a program. The possible benefits of the school lunch program are emphasized.

80-0096
Health Education Promotion.
Beier, B.
Health Education 10(2):23, March-April 1979.

Classroom health promotion activities utilizing the mass media are a viable means of catching the interest of students to motivate them to adopt healthy lifestyles. Activities include: (1) videotaping student-directed and produced television commercials for use in public service spots, (2) taping radio spots on cassette recorders, (3) studying magazine advertisements to find the ones that promote negative health habits, and (4) preparing store window displays.

80-0097
A Breast Self-Examination (BSE) Curriculum.
Breast Self-Examination Curriculum Committee, Madison, Wis.
Madison, Wis., Wisconsin Clinical Cancer Center, 19 pp., (197-).

A breast self-examination curriculum outline, developed for implementation in Wisconsin high schools, is presented. Objectives include: (1) a basic understanding of the biological nature of breast cancer and other breast diseases; (2) an understanding of the various methods of breast cancer detection, treatment, and rehabilitation; (3) an understanding of the concept and technique of BSE as a monthly health care habit; (4) eliminating any discomfort about practicing BSE; and (5) encouraging a monthly BSE.

80-0098
Genetic Conditions: A Resource Book and Instructional Guide to Human Heredity and Birth Defects for Kindergarten Through Adult Education.
California State Dept. of Education, Sacramento.
Sacramento, the Department, 80 pp., 1977.

A resource guide for teaching about genetic conditions and birth defects assists instructors in integrating this topic into a comprehensive health education curriculum. The guide can be used in its entirety as a curriculum planning tool for kindergarten through adult education; it provides a complete and detailed description of content and learning activities appropriate for various grade levels. Instruction about genetic conditions and birth defects has four goals: (1) comprehension of the hereditary and environmental factors which shape living organisms; (2) awareness of the most common birth defects and the typical populations in which they occur; (3) acquisition of basic information about prevention and treatment of genetic conditions; and (4) understanding of personal, social, and economic consequences as well as ethical ramifications of genetic conditions and birth defects. The four major concepts around which the guide is structured parallel the

four goals. Each concept is divided into a sequence of subconcepts, each of which in turn contains a statement of student learning objectives, outline of related content, one to four learning activities, and suggested evaluation activities. The guide emphasizes both cognitive and affective learning processes. Teachers should keep abreast of new developments in the field and community resources, especially if a particular genetic defect is common in the community. Selected readings and agency sources are listed.

80-0099
Teaching Cardiopulmonary Resuscitation in the Schools.
Carveth, S. W.
Journal of School Health 49(4):223-224, April 1979.

Many of the 350,000 deaths occurring outside the hospital as a result of heart attack could be prevented by prompt, appropriate action. A bystander versed in cardiopulmonary resuscitation (CPR) has a greater than 50 percent chance of saving the victim; without such training, the bystander will save the victim less than 20 percent of the time. CPR includes the following elements: (1) recognition of warning signals of heart attack, prevention of complications, reassurance of the victim, and transportation to a life support unit without delay; (2) provision, when necessary, of immediate basic life support at the scene; (3) provision of advanced life support as quickly as possible; and (4) transportation of the stabilized victim for continued care. CPR training programs initiated in communities throughout the nation include sessions on healthful living habits, methods for activating the local emergency medical system, and means of assisting families in establishing an emergency cardiac plan for the community. Students also master mechanical skills for performing CPR, including two-rescuer CPR. Eighty percent of the 12 million Americans who know CPR believe that it should be taught in the school system. Local Heart Association chapters should respond to this demand by providing standards and teaching aids, acting to qualify and certify teachers, encouraging development of school programs, making national statistics and training materials available, and working with community agencies to provide funds for training. State affiliates should undertake similar activities on a broader level. 7 references.

80-0100
Psychology of Modeling in Health Education.
Chenoweth, D.
Health Education 10(4):35-37, July-August 1979.

Healthy behavior through modeling can be encouraged by research activities in which students: (1) obtain posters of their favorite personalities from which the teacher can orient a class discussion by having the students enumerate the admirable qualities of each personality; (2) evaluate a particular classmate or teacher throughout the day, intermittently viewing aspects of health behavior; (3) study underlying causes of an illness condition of a family member; (4) evaluate the health behavior of a particular television character; (5) scrutinize commercials to create an awareness of advertising claims; (6) determine if their attitudes actually comply with their own overt behavior; (7) involve themselves directly in pre- and posttest research activities in such areas as dental health, physical activities, and nutrition; (8) observe teacher-modeled behavior; and (9) observe the activities of community health personnel. Although the concept of modeling has not been researched extensively, it may help to provide the impetus for the promotion of health. 3 references.

80-0101
Teen Involvement for Drug Abuse Prevention.
Conroy, G. E.; and Brayer, H. O.
Rockville, Md., National Institute on Drug Abuse, Prevention Branch, DHEW Publication No. (ADM) 78-625, 141 pp., 1978.

Teen Involvement, a program for youth, implemented primarily by youth, with guidance and direction from qualified and concerned adults, aims at preventing alcohol and drug abuse and other unacceptable behavior by utilizing positive youth-to-youth communications. Junior and senior high school students are trained to present messages on the causes of these aberrant behaviors and possible means of intervention. A basic set of step-by-step learning experiences is designed to prepare teen advisors for classroom visits and individual discussions. The experiences are designed to: (1) build self-worth; (2) help develop respect for self and for others; (3) teach responsibility for actions and behavior; (4) help identify and handle emotions; (5) help develop an awareness of surrounding influences and values; (6) teach decision-making skills; (7) help develop an awareness of peer influences on decisions; (8) help understand the consequences of substance abuse and unacceptable behavior; (9) and provide an opportunity to learn about positive modeling for younger students. A suggested monthly schedule, extending from October through May, allows organization of the course around the subjects of affection, respect, skill, enlightenment, power, wealth, well-being, and responsibility.

80-0102
Cooperating to Foster School Health Education.
Corry, J. M.; and Merki, D.
Health Education 9(6):17-19, November-December 1978.

The historical development of school health education in Texas is reviewed. The most recent development, the Texas Conference on School Health Education in 1978, came about from the need to educate local school decision-makers about comprehensive health education. The Conference consisted of a motivational, an informational, and an implementation phase. Health professionals overseeing the implementation workshops derived from participant worksheets a list of forces working for and against program implementation by 1982. The model may be used as a basis for program development in other states.

80-0103
Emerging Dimensions of Death Education.
Crase, D.
Health Eduction 10(1):26-29, January-February 1979.

Workshops on death education for college teachers, nurses, physicians, and other professionals have centered on the definition of death and the definition's legal, ethical, and moral implications. Concern for the terminally ill has resulted in research and the creation of a system of hospices for the dying. Basic concepts of loss and death are being introduced into curricula for young children. The $6.4-billion funeral business has undergone scrutiny and attack by several consumer groups. Though research into near-death phenomena has attracted much interest, most scholarly inquiry over the past 5 years has focused on the ability of death education to alter the attitudes of students. In response to the death education movement, several educational support systems have emerged, including The Forum for Death Education and Counseling, Inc., and The Foundation of Thanatology. Publications devoting space to issues surrounding death include "Death Education," "Omega: The Journal of Death and Dying," "Suicide and Life-Threatening Behavior," and "Educational Gerontology." Problematic areas still awaiting resolution include the optimal life stage for the introduction of death education, content of death education courses, certification of instructors, and validity of typical courses as change agents. The future of death education calls for sound research on all phases of the field and utilization of an interdisciplinary approach in teaching practices. 17 references.

80-0104
The Evolution of a School-Based Mental Health Program Using a Nurse as a Mental Health Consultant.
Cvejic, H.; and Smith, A.
Journal of School Health 49(1):36-39, January 1979.

A school nurse with training in mental health is a valuable asset to the school staff in the prevention and early detection of emotional, social, and learning problems in students. Nurses in elementary, junior high, and high schools in Montreal coordinated in-service programs directed toward the growth and development of norms, the recognition of abnormal aspects of family dynamics, principles of crisis intervention and behavioral counseling, and skills of consultation. The nurse functions as a liaison between the school and health professionals to assess referrals and arrange team meetings to plan interventions. Close linkages are maintained between the nurse and teachers to identify problem students and plan treatment. Other members of the psychiatric team include administrators, guidance counselors, and the psychiatrist. Success of the program depends on the ability of educators and administrators to expand their roles, and the nurse consultant must advise them of their responsibilities at pre-program meetings during which teacher feedback and participation must be emphasized. By linking the school with community mental health agencies, the nurse can provide an efficient, economical use of resource personnel. 11 references.

80-0105
A Unit on Death for Primary Grades.
Dahlgren, T.; and Prager-Decker, I.
Health Education 10(1):36-39, January-February 1979.

A unit designed to answer children's questions about death uses children's literature as a vehicle to open discussion during short lessons over a 5-day period. Basic concepts of the successive lessons are that every living thing dies; death is final and this makes it sad; many feelings are experienced in grief; certain activities follow death; and people often need help when someone close to them dies. In the initial class, life and death are illustrated through the use of a living and a dead flower. In the following three classes, a children's story is read on the topic of the day and then discussed in class. The final session involves the students in planning a funeral for a pet and in discussing how they would help the child in the stories who have been affected by death. Class discussion and art work can enable the teacher to evaluate the effectiveness of the unit in shaping the child's attitudes toward death. 9 references.

80-0106
A Client-Held Health Record in a Health Education Curriculum.
Eddy, N. B.; Giglio, R. J.; and Spears, B. W.
Journal of School Health 49(8):447-450, October 1979.

A pilot health education project emphasizing prevention and individual responsibility was developed and presented at two high schools. The health record, maintained by the individual, focuses on health maintenance and illness prevention, although it allows for recording illnesses as well. Preliminary results are encouraging. Students were interested in the course and the record and indicated their intent to continue using the record. Major sections of the health record include: (1) the introduction, or rationale for using a client-held record; (2) early health information; (3) childhood health; (4) health habits and daily routines; (5) health maintenance by recording and comparing past health to present health; (6) current health happenings; and (7) complete health records along with descriptions of what the readings mean. The 12-week course, taught by an interdisciplinary team of health professionals, served to teach and motivate students to construct and maintain health records. It is hoped that future courses will be integrated into the regular health education curriculum and that students' health habits, attitudes, and health system utilization can be compared to a control group of students. 11 references.

80-0107
CPR in Basic Health Education.
Foulk, D.; Guyton, R.; and Lafferty, J.
Health Eduation 10(3):30-32, May-June 1979.

Students attending the University of Arkansas's basic Personal Health and Safety course, which incorporates the American Heart Association's Heartsaver program into the curriculum, are invited to attend a special 4-hour workshop designed to teach cardiopulmonary resuscitation (CPR) skills. After viewing the film "The New Prescription for Life," students witness performance of CPR by a certified emergency medical technician, after which they practice the procedure themselves and are then evaluated. The favorable reaction of the press and the high student participation rate assures the continued offering of the program. The performance test and an outline of the Heartsaver program are included.

80-0108
An Experience With Values Clarification.
Fox, R. A.
Health Education 10(1):40-41, January-February 1979.

Affective components must complement cognitive components in any health education endeavor. The value of this requirement is illustrated by an incident in which a class discussion on the right to die was interrupted by a student passing out a document for the other students to sign requesting that they should be subject to euthanasia in the event that they entered an irreversible coma. While all 20 students favored euthanasia as a general principle prior to the distribution of the "will," 15 retracted their approval after experiencing its subjective impact. Thus, this affective jolt furnished a corrective function during an otherwise cognitive, objective discussion.

80-0109
Definitions for Contemporary Health Education.
Gammarano, P.
Health Education 10(3):33, May-June 1979.

Creative definitions are provided for 10 health-related terms as a motivation for discussion in a high school or college course.

80-0110
An Activated Approach to Nutrition.
Golaszewski, T.; and Affleck, M.
Health Education 10(4):37-38, July-August 1979.

Nutrition education in the classroom aimed at preventing heart disease was attempted with a class participation project called the Nutrition Lab, part of the Heart Health Instruction Model (HHIM), in which the students purchase food and prepare their own meal. Students are organized into committees for each part of the meal, with each committee selecting its own treasurer and chairman. Success is measured in terms of healthiness of meal content, meal attractiveness and taste, menu development and design, and overall administrative planning. Evaluation of individual effort, usually difficult in a group project, can be achieved by having the group chairman record each student's effort on a job checklist, with the chairman's grade based on the total group performance. Although there is yet no experimental data testing the efficacy of the Lab, student and teacher evaluation has been favorable. A sample breakfast menu is included. 2 references.

80-0111
Stress on Reading.
Hals, E.
Health Education 10(3):33, May-June 1979.

While the emphasis of health education has shifted to affective learning, policy emphasis for all areas of education has begun to return to the cognitive domain. Because both affective and cognitive education are valuable, several methods which combine them are suggested: (1) have students read and evaluate news articles on health topics; (2) have students keep a class journal; (3) have students keep a vocabulary list of new words learned in class; (4) have students write letters requesting information or interviews; (5) provide outside reading lists; (6) have students write out solutions to controversial problems for use in class discussion; (7) use current publications in addition to the text; (8) have different groups research topics and prepare class presentations; (9) assign creative projects utilizing art, photography, or music; and (10) have the class construct and implement interviews or surveys. These activities illustrate the fact that health educators do not have to forsake the humanistic, affective approach to health education in order to meet the policy demands that students be able to read and write better.

80-0112
Validating Health Information.
Hamrick, M.
Health Education 9(6):32-33, November-December 1978.

The search for a balance between cognitive and affective learning has led to the development and implementation of a health profile and validation learning exercise, synthesizing the two areas by promoting health information through student involvement. The first step of the program involves the development of a student health knowledge profile, determined from a test given early in the semester. In the second step, validation, the students correct their own tests with information from their text. Evaluated favorably by teachers and students, the exercise provides teachers with a versatile tool for correcting misinformation and teaching current facts and concepts in many content areas. 27 references.

80-0113
An Experiment in Training High School Students as Health Education Aides in the US.
Handler, S. L.
International Journal of Health Education (Geneva) 21(2):124-129, 1978.

A project to train Boston high school students as health education aides sponsored by the Occupational Resource Center (ORC) began in September 1972. The program is unique in that the students are given occupational training while maintaining their identity as students in their home schools. They attend a half-day of health workshop classes 5 times a week for a full school year, receiving 12 credit hours for the experience. During the initial 2 years of the program, Children's Hospital Medical Center provided a workshop for the ORC instructor and trainees, who received instruction in dental health, safety, and nutrition. Gradually, a large resource file of health teaching materials was assembled, including slide shows on nutrition, dental health and safety presentations, posters, displays, and other health exhibits. Trainees instructed audiences in waiting rooms and at public assemblies on various aspects of health maintenance. Of late, adults have been included in the program, many of whom have not yet completed high school. They offer excellent role models for the younger students and often obtain jobs and high school diplomas as a result of the program. The student program has provided a valuable teaching resource and offered students valuable knowledge and employment. The program awaits federal funding to reach its full potential. 3 references.

80-0114
A Blood Drive Model for Health Education Projects.
Lafferty, G.; and Guyton, R.
Health Education 9(2):4-5, March-April 1978.

The University of Arkansas conducted a campus-wide Red Cross Blood drive to expand its health education teaching modalities to include experimental as well as service education. The program provided students with an experience that would enhance work skills, stimulate learning, increase awareness of community privation, and provide a campus-wide community project. The blood drive consisted of a 3-day event during the spring and fall semesters and operation of the drive was divided into an organizational and administrative phase. The health education program has sponsored nine blood drives. In the first year, 1973, the blood drive collected 300 units of blood each semester. In 1977, more than 600 units of blood were collected each semester.

80-0115
Infants in a Public School System: The Indicators of Early Health and Educational Need.
Levine, M. D.; Palfrey, J. S.; Lamb, G. A.; Weisberg, H. I.; and Bryk, A. S.
Pediatrics 60(4, Part 2):579-587, October 1977.

The Brookline Early Education Project (BEEP) of Brookline, Massachusetts, is a demonstration model in which a public school system in collaboration with a pediatric center

has extended teaching and diagnostic services to the earliest days of life. In most cases, enrollment and data collection began 3 months before the children were born. A comprehensive diagnostic component including health, neurological, sensory, developmental, and psychological assessments was performed periodically. Analysis of positive indicators of health and developmental needs during the first 6 months of life indicated the following: (1) at age 2 weeks, a high yield of physical and demographic findings, along with perinatal stress, was noted; (2) at the 3- and 6-month checkpoint, overlapping findings between the categories of physical assessment, developmental examination, and neurological evaluation were observed; and (3) over the 6-month period, there was a tendency toward instability of findings. The group of youngsters thought to have special needs at the age of 2 weeks, 3 months, and 6 months differed in composition from each other, and there was a significant flux in membership between the 3- and 6-month groups with needs. Public policy implications are suggested, insofar as early education services should not be constructed to admit only high-risk newborns since this practice would exclude many children whose needs would become manifest later and would also take in a number of children falsely identified as in need. The BEEP program has relevance for pediatric practice in demonstrating a component of health care with greater diagnostic and therapeutic responsibility for educational competence in young children. 18 references.

80-0116
Effects of Death Education on Fear of Death and Attitudes Towards Death and Life.
Leviton, D.; and Fretz, B.
Omega; Jounal of Death and Dying 9(3):267-277, 1979.

The effects of a death education course were determined for two different classes of college students, comparing them with students of sex education and introductory psychology. All students completed a variety of attitudinal, motivational, and demographic background measures before and at the end of their courses. Results indicate that initially the death education students did not differ greatly from the students in the other two courses in their beliefs, attitudes, and backgrounds. The death education course did affect the students' views such that at the end of the course they viewed death as more approachable and wished to experience death in a more interpersonal rather than technological context. 13 references.

80-0117
Health Education for Kindergarten Children.
Parcel, G. S.; Tiernan, K.; Nader, P. R.; and Gottlob, D.
Journal of School Health 49(3):129-131, March 1979.

A health education program for kindergarten children was jointly planned and conducted by health education professionals. The program demonstrates an application of an approach based on skill development for health behavior. It is presented to demonstrate how a school district can develop a foundation for teaching health skills. A unique activity of the program involved the use of medical students as a means of integrating health care professionals into the school health education curriculum. Three skills the children should learn were identified for the program: (1) identify and express to adults feelings of illness and health; (2) identify appropriate sources of assistance for health problems; and (3) self-initiate the use of sources for assistance for health problems. Most teachers felt that the students were interested in and responsive to the medical students and that the experience would help the children in the future. Contact with health professionals in a nontypical setting should help the children communicate with such persons when they encounter them in more typical settings. 4 references.

80-0118
Establishing a National Communications Network for School Health Education.
Poehler, D. L.
Health Education 10(4):20-22, July-August 1979.

The School Health Education Project (SHEP) of the National Center for Health Education (NCHE) is working to develop an open, continuing national network of communication for school health education. Major objectives include: (1) establishing objectives for the communications network; (2) identifying effective existing networks and developing guidelines for improving less effective networks; (3) identifying, reviewing, and organizing information about school health education; (4) gathering, organizing, and disseminating information pertinent to the School Health Curriculum Project (SHCP); (5) disseminating school health information of general interest; and (6) stimulating action responses on issues of immediate concern. Information was collected on major existing communications networks in each state through a national survey, and four representative networks from each state were chosen to participate in the national network. A SHEP staff person and an advisory review committee were chosen to screen information to be disseminated. To determine network effectiveness, a random telephone sampling for immediate verification, a written inquiry, and

a qualitative evaluation effort utilizing doctoral students will be used. With the plans for the functioning of the network completed, the next step is the actual implementation. 4 references.

80-0119
School-Based Health Education Project: Implementation Stage II.
Seffrin, J. R.; Baer, C. J.; and Keaffaber, B. G.
Health Education 10(3):12, May-June 1979.

The progress of the School-Based Health Education Project, a comprehensive program of four instructional units for four grade levels in Howard County, Indiana, is updated. Evaluation indicated the need to revise two of the units: Little Smoky, a second grade unit on smoking, and Counter Conscious, a high school program on over-the-counter medicines. In each case, the significantly higher scores achieved by the control group over the experimental group on the pretest suggested that either the measuring instruments or the programs themselves needed revision. The other programs, Benny Bear, a first grade smoking program, and Your Decision, a multi-media program dealing with drug experimentation and use aimed at the fifth grade, have met with success and will be continued.

80-0120
Evaluation of Death Attitude Change Resulting From a Death Education Instructional Unit.
Watts, P. R.
Death Education 1(2):187-193, Summer 1977.

Death attitude change among university students involved in a death instructional unit within an introductory health education course was assessed. A quasi-experimental research design using a nonequivalent control group was employed. Pre- and posttests of death attitudes, utilizing the Hardt Death Attitude Scale and the Watts-Andrews Death Attitude Questionnaire, were conducted in both the death education group (N=39) and the control group (N=40). A one-way analysis of covariance using pretest mean scores as the covariate showed significant posttest mean differences between the groups on both death attitude measures. The results suggest that death-related attitudes can be favorably influenced as a result of a death education instructional unit within an introductory health education course. 18 references.

80-0121
Do You Have Any Lemons?
Wolfe, S.
Health Education 10(3):35, May-June 1979.

A card game provides an interesting method of teaching the four basic food groups to intermediate-level elementary school students. Each of 40 cards contains a picture of a food along with its name, food group, and the names of three other foods in the group. Four cards of the same group make a book, and the deck contains 10 books of four cards each. Each player receives four cards face down, with the remainder of the deck placed face down on the table. The player to the dealer's left begins by asking any other player for a card which will help complete a book. The student continues asking players for cards until coming to a player without the requested card, at which point the student draws from the deck. If the requested card is drawn, the student can continue asking other players for cards until both the other players and the deck fail to provide the requested card. At that point the turn moves to the next student. When a complete book is obtained the player puts it aside; the player with the most books wins. As well as providing nutritional information, the game enhances sociability and group participation.

SEX EDUCATION

80-0122
Contraceptive Education Favored by Teenagers.
Family Planning Perspectives 11(4):225, July-August 1979.

Results of a Gallup survey of young people aged 13-18 on the subjects of contraception and sex education are presented. Data indicate that American teenagers find sex education more useful when contraception information is included. Sixty percent of the teens and parents interviewed favored making contraceptives available to teenagers. Teenagers in the South were most likely to find sex education helpful and older boys throughout the country were least likely to find such curricula helpful. The latter group expressed some displeasure over the shallowness of course material. 2 references.

80-0123
Sex Education: Two Basic Questions.
Dine, M. S.
Pediatrics 59(1):112-113, January 1977.

To compensate for the failure of the family, the school, and the medical profession to provide adequate sex education to large numbers of the adolescent population,

pediatricians might initiate useful discussion by asking all male and female teenagers who come for an office visit two basic questions: (1) Is a girl who has never had a period likely to become pregnant if she has intercourse? (2) Is a girl more likely to become pregnant if she has intercourse during a period or between periods? Those who do not understand the questions are referred back to their parents for help in acquiring basic anatomical information. Those who do understand are provided an understanding of the unpredictability of the fertile period. The most important reason for these discussions is the declaration that the pediatrician is concerned with the topic of sex, and is available for counseling in the future. 1 reference.

80-0124
Problems of Teaching Sex Education -- A Survey of Ontario Secondary Schools.

Herold, E. S.; and Benson, R. M.
Family Coordinator 28(2):199-203, April 1979.

One thousand forty-nine Ontario sex education teachers responded to a survey intended to determine the status of sex education in the schools. Almost all of the respondents indicated that parents were not providing their children with adequate information; half indicated that schools were likewise providing inadequate information; and two-thirds indicated that the school should play a greater role. Seventy-five percent listed one or more of the difficulties they had experienced while teaching, including the variability of student knowledge and maturity, student shyness or embarrassment, value conflicts, and inadequate teacher training. In addition, many teachers complained of the poor quality, lack of realism, and moralistic viewpoints contained in reading and audiovisual materials. Despite the survey emphasis on problems, the teachers expressed strong support for and interest in teaching sex education. 5 references.

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